

Period	PeriodStart	PeriodEnd	spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count	Year	Quarter
4/1/2020 - 6/30/2020	4/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020		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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered; This is a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Persistent node x2 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N/A; This study is being ordered for trauma or injury.; 12/28/2019; There has been treatment or conservative therapy.; Neck pain, numbness and tingling in right hand; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N/A; This study is being ordered for trauma or injury.; 12/28/2019; There has been treatment or conservative therapy.; Neck pain, numbness and tingling in right hand; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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.; None of the above best describes the reason that I have requested this test.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 patient did not have a normal audiogram.; The patient is experiencing hearing loss.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	09/01/2019; It is not known if there has been any treatment or conservative therapy.; colon CA; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal prior CT scan, 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.; This case was created via BBI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Lung nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Nodular opacity project left mid lung over the frontal view chest xray done; 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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	PE Protocol; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	REQUEST OF:ZACH GUYNN, MD;PATIENT NAME:NAMPHUONG T NGUYEN;DOB:04/03/1963;AGE/SEX:57/Female;DATE OF SERVICE:06/15/2020;PATIENT ID#:1565295;;PROCEDURE(S): RADIOLOGY OVERREAD;;Two-view chest x-ray HISTORY: Cough. COMPARISON: Chest x-ray dated 1/; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	This is a repeat Chest CT from 2018 regarding a an abnormal CT reading.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	clinical attached; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; pt reports bilateral arm numbness, weakness and tingling. unable to due physical exam due to covid	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &fax clinicals; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HPI Patient presents to the office today with complaints of a fall through the porch with her right leg. This occurred 3 weeks ago. Her right leg is still hurting a lot. She says it hurts worse the longer she is up on it. Her hip hurts, side of her 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	tenderness in the curve spinal region.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the lower extremities, increase sensation on the lower 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.;	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Adrenal nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Left elbow Instability and has had surgery on the elbow; 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.; It is not known if 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; tenderness of the acromioclavicular joint... tenderness of the supraspinatus, the infraspinatus, and the trapezius. Active Range of Motion Right: limited. Passive Range of Motion Right: limited. Special Tests Right: Hawkin's test positive, Neer's test pos	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Left ankle/achilles pain, swelling and decreased ROM. Pt attempted home exercises and became concerned when she attempted exercises at home and requested re-evaluation prior to starting home exercise regimen due to feeling that condition had worsened sinc; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Rule out osteo; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	; This is a requests for a hip MRI.; Surgery or arthrscopy 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/01/2019; It is not known if there has been any treatment or conservative therapy.; colon CA; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Acute onset of LLQ pain, need to rule out diverticulitis.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	N/A; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had gallbladder removed. Possible post op bleeding. Possible appendicitis.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without	PE Protocol; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; It is not known if there is 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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Adrenal nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiologist recommends MRI for further investigation from previous CT scan and ultrasound.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; Known or suspected pulmonary hypertension	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Patient reports that she was diagnosed of RMSF in 2005, and has had daily headaches since being diagnosed. Reports painful headache daily. She reports headaches have gradually increased. She reports Patient denies any N/V, slurred speech, facial drooping; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;Patient has memory problem. Family history of MS. Joint pain and stiffness, balance difficulty; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown No Info Given. Evaluation for Multiple Sclerosis; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	HAs that begin behind right eye, She reports tinnitus in right ear and photophobia shortly before each HA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has SOB on exertion with suspicion of COPD. Full Cardiology evaluation with Cardiac echo has been completed by Cardiologist with normal result; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Injury from car wreck 2 months ago, member starting to have trouble with left shoulder and arm and has been reinjured; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Neck: limited range of motion.;burning and tingling in a C8 dermatomal distribution;Musculoskeletal: Positive for back pain, neck pain and neck stiffness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	c/o Neck pain new onset, right, aching, intermittent. c/o Radiation of pain right, to shoulder, to hand, to finger(s). c/o Tingling/numbness right, down to fingers .; This is a request for 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.; BUE pain, numbness, and weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Worsening symptoms. Possible need to refer to Neurosurgeon or Pain management for injections.Need MRIs before we can proceed.; This study is 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 had chronic back pain since 2012.Most recent visits with PCP were on 02/27/20 via patient protal message to address painful inflammation and also on 05/04/20 via telemed visit due to continued pain. Pt reports that her low back and cervical ne; There has been treatment or conservative therapy.; Positive tender points using 4 kg force: Method: using finger. Right Muscles: tender points on low cervical at CS-7 level, trapezius, 2nd costochondral junction, gluteal, and greater trochanter. Left Muscles: tender points on low cervical at CS-7 level, t; Message, chiropractic care, anti-inflammatory diet, losing weight, nsaid,anti-inflammatory supplements; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	disc a=or nerve damage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/01/2020; There has not been any treatment or conservative therapy.; back and nerve pain, unable to stand; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/28/2020; There has not been any treatment or conservative therapy.; Patient is having neck, shoulder pain, stiffness, motor weakness, numbness and tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 6/13/2020; There has been treatment or conservative therapy.; severe spinal pain, bruising down her back, unable to move neck side to side w/o pain, headaches difficulty ambulating.; Muscle relaxer pain meds and set for pt at later date; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 fell a few days ago and has had neck pain ever since. Had neck x-ray that just showed moderate to severe degenerative changes; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Pt has HA, was in tractor accident 20 years ago and was told he would have trouble down the line.; This study is being ordered for a neurological disorder.; Occurred aprox 3 months ago and has steadily gotten worse; There has been treatment or conservative therapy.; Pain moving neck, weakness legs, poss disc problem; PT, Chiro, steroid injections, Tens unit.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Pt has neck pain that radiates to the left anterior neck x several months. Seen in ER 05/04/20 with numbness of the face and BUE. CT of C-Spine show moderate bulging of discs of the C-Spine and evidence of spondylosis. Therapeutic injection given and medi; This is a request for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 6/13/2020; There has been treatment or conservative therapy.; severe spinal pain, bruising down her back, unable to move neck side to side w/o pain, headaches difficulty ambulating.; Muscle relaxer pain meds and set for pt at later date; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown No Info Given. Evaluation for Multiple Sclerosis; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 has HA, was in tractor accident 20 years ago and was told he would have trouble down the line.; This study is being ordered for a neurological disorder.; Occurred aprox 3 months ago and has steadily gotten worse; There has been treatment or conservative therapy.; Pain moving neck, weakness legs, poss disc problem; PT, Chiro, steroid injections, Tens unit.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 thoracic spine pain that is inrelieved by heat, ice, NSAIDS or HEP. Pts pain has been greater that 6 months with worsening symptoms, now radiating to her coccyx; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Already had x-rays. Pain is worsening - xray normal; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in rt. shoulder, LROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	chronic back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; positive tender points using 4 kg force--low cervical, lumbar; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Worsening symptoms. Possible need to refer to Neurosurgeon or Pain management for injections. Need MRIs before we can proceed.; This study is 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 had chronic back pain since 2012. Most recent visits with PCP were on 02/27/20 via patient portal message to address painful inflammation and also on 05/04/20 via telemed visit due to continued pain. Pt reports that her low back and cervical ne; There has been treatment or conservative therapy.; Positive tender points using 4 kg force: Method: using finger. Right Muscles: tender points on low cervical at CS-7 level, trapezius, 2nd costochondral junction, gluteal, and greater trochanter. Left Muscles: tender points on low cervical at CS-7 level, t; Message, chiropractic care, anti-inflammatory diet, losing weight, nsaid, anti-inflammatory supplements; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	disc a=or nerve damage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/01/2020; There has not been any treatment or conservative therapy.; back and nerve pain, unable to stand; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 6/13/2020; There has been treatment or conservative therapy.; severe spinal pain, bruising down her back, unable to move neck side to side w/o pain, headaches difficulty ambulating.; Muscle relaxer pain meds and set for pt at later date; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ongoing back pain for about 3 months. No improvement with medications.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 continued worsening low back pain. She completed Chiropractic treatment from 1/31/20 to 2/20/20 with no improvement of symptoms. An L Spine xray was done one 11/4/19 after she fell the day before, which showed moderate to severe degenera; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Pt has HA, was in tractor accident 20 years ago and was told he would have trouble down the line.; This study is being ordered for a neurological disorder.; Occurred aprox 3 months ago and has steadily gotten worse; There has been treatment or conservative therapy.; Pain moving neck, weakness legs, poss disc problem; PT, Chiro, steroid injections, Tens unit.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Worsening back pain. Pain radiates down both legs. Thoracic and lumbar tenderness on bilateral sides. Patient has been treated for acute pain for 2 weeks, given pain medication.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Arthritis, shoulder;Other (see comments);history of dislocation; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	c/o Shoulder pain left, anterior, worse with movement, worse with overhead activities, radiates down to the arm, chronic.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Continued right shoulder pain that started after a fall about 7 weeks ago. Right shoulder pain had worsened when he returned to 2nd visit. Pt states that steroid taper helped with pain for several days and now it has returned and is worse. Denies improvem; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/28/2020; There has not been any treatment or conservative therapy.; Patient is having neck, shoulder pain, stiffness, motor weakness, numbness and tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	right shoulder and arm pain since fall on May 4th. Pt states she is unable to lift right arm; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	WILL FAX CLINICAL; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Patient has been having periumbilical area and pelvis pain along with nausea; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain, rectal discharge, hx of colon ca w mets.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hematuria with abdominal pain with a history of hysterectomy. CVA pain to the right side that radiates through the right upper quadrant.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Advanced Practice Registered Nurse	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Allergy & Immunology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Will fAX; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	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 weakness.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Based on physician's exam, cervical radiculopathy in RUE is diagnosed with surgical referral not being 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 arms and neck maneuvers are all limited by 30%; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pain Details: The patient complains of pain in Lower Back Pain and Neck Pain. She has been experiencing;this pain for last several years. She reports onset of pain gradual . The patient describes the pattern of pain as;constant with intermittent flare u; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; cervicalgia 11/09/18;osteoarthritis 2018;lower back pain 2017; There has not been any treatment or conservative therapy.; Mrs. Bryant presents on referral from Dr. James Warr. Patient complains of worst pain today located in the;neck, across both shoulders, down into both arms all the way into the pinky and ring fingers. There is;associated numbness in c6-c7 distribution 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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; 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 a facet joint injection.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	10	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; None of the above; Enter Additional Clinical Information No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	worsening cervical radicular pains; This is a request for 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.; multiple falls since the onset of her pain	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 radiculopathy documented on EMG or nerve conduction study.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.;	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Damien Mooney is a 38 year old male who complains primarily of lower back pain. It radiates to the right shoulder, right arm, right hip and front of the right leg. He states the pain is sharp and throbbing. On a numerical rating scale, the patient states ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; 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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	LUMBAR SPINE PAIN. LUMBAR SPONDYLOSIS.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LUMBAR SPINE PAIN. LUMBAR SPONDYLOSIS. GREATEST PAIN OVER LUMBAR SPINE, WHERE SURGETRY WAS PERFORMED IN 2017. NO MRI SINCE THEN. PATIENT CANNOT PERFORM THERAPY OR HOME EXERCISES DUE TO THE 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>pain began for many months but worsened in February after a sudden movement while trying to avoid a car while walking. The pain is located in the low back worse on the left and radiates down the lateral left leg to the lateral foot. The patient describes ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Gait is slightly antalgic. Strength is 5/5 and equal bilaterally in all muscle groups tested of the lower extremities however less effort on the left due to pain. Non tender to palpation of the lumbar spinous process but mildly tender to the left paraspinal; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Pain Details: The patient complains of pain in Lower Back Pain and Neck Pain. She has been experiencing;this pain for last several years. She reports onset of pain gradual . The patient describes the pattern of pain as;constant with intermittent flare u; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; cervicgia 11/09/18;osteoarthritis 2018;lower back pain 2017; There has not been any treatment or conservative therapy.; Mrs. Bryant presents on referral from Dr. James Warr. Patient complains of worst pain today located in the;neck, across both shoulders, down into both arms all the way into the pinky and ring fingers. There is;associated numbness in c6-c7 distribution 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</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	14	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	15	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	22	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	14	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	15	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Urinary incontinence.; This study is being ordered for trauma or injury.; 09/2019; There has been treatment or conservative therapy.; Low back pain, mid back pain, burning/numbness, radiating pain bilat sides, weakness.; Spine injection, PT, nsoids, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	72192 Computed tomography, pelvis; without contrast material	THE CT IS DUE TO DEFORMITY OF RIGHT PUBIS SYMPHISIS; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Approval	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."; Enter answer here - or Type In Unknown If No Info Given. &gt;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	70450 Computed tomography, head or brain; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	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.; 1994; There has been treatment or conservative therapy.; SPONDYLOSIS;DEGENERATIVE DISC DISEASE; PHYSICAL THERAPY;MEDICATIONS;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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	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.; 1994; There has been treatment or conservative therapy.; SPONDYLOSIS;DEGENERATIVE DISC DISEASE; PHYSICAL THERAPY;MEDICATIONS;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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Ambulation with cane;Spasms;Tenderness on palpation;Reduced ROM;muscle ache;back pain;cramps;restless legs;restless sleep ;unable to physically function; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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?; Yes this is a request for a Diagnostic CT	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 have new or changing neurologic signs or symptoms.; There is weakness.; Pt reports numbness, tingling in bilateral hands in nondermatomal pattern; reports some subjective weakness in right lower extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;;	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a neurological disorder.; THESE SYMPTOMS HAVE BEEN PRESENT SINCE MARCH OF 2019; There has been treatment or conservative therapy.; CONSTANT STABBING PAIN THAT RADIATES TO THE EXTREMITIES; MEDICATION, EPIDURAL STEROID INJECTIONS, REST, HOME EXERCISE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the neck, going down to back & arms. effusion in arms. PT voiced the 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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.; No change in symptoms, 6 weeks	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Gigi Jennings is a 48 year old White female who complains primarily of low back and leg pain. In addition, she also complains of foot pain, hand pain, hip pain, knee pain, neck pain and shoulder pain. The patient states that the onset of pain was gradual ; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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.; she complains of worsening aching and throbbing neck pain with radiation to left shoulder and scapula. She has history of C5-6, C6-7 ACDF. Her last MRI was in 2016. She previously had CMB RFA with another provider which she reports provided 75% pain re	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; It is not known if the pain began within the past 6 weeks.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 9/2018; There has been treatment or conservative therapy.; weakness; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 6 years; There has been treatment or conservative therapy.; pain; currently in PT, has had knee injections, muscle relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	THORACIC SPINE PAIN. PATIENT CANNOT TWIST OR TURN. CERTAIN MOVEMENTS CAUSE A SHARP PAIN. PATIENT HAS FIBROMYLGIA AND CANNOT PERFORM THERAPY DUE TO THE PAIN. SHE CANNOT GET UP AND DOWN COMFORTABLY. PATIENT HAS HYPERALGESIA FROM T8 DOWN TO L1. SHE BENDS FOR; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Urinary incontinence.; This study is being ordered for trauma or injury.; 09/2019; There has been treatment or conservative therapy.; Low back pain, mid back pain, burning/numbness, radiating pain bilat sides, weakness.; Spine injection, PT, nsaid, 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.;	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a neurological disorder.; THESE SYMPTOMS HAVE BEEN PRESENT SINCE MARCH OF 2019; There has been treatment or conservative therapy.; CONSTANT STABBING PAIN THAT RADIATES TO THE EXTREMITIES; MEDICATION, EPIDURAL STEROID INJECTIONS, REST, HOME EXERCISE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Barbara Cannon is a 50 year old African American female who complains primarily of low back and leg pain. In addition, she also complains of foot pain, knee pain and shoulder pain. The patient states that the onset of pain was gradual with no known reason; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; member said it did not help, still in pain.; amlonditee, gapabin, amitrittyline,	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	FACET JOINT PAIN. TRAVELS UP AND DOWN HER BACK. ABLATION IN FEBRUARY OF 2017 L3-L4, L4-L5, L5-S1. LAST LUMBAR MRI WAS 2017. NEED TO REVIEW CURRENT MRI AND POSSIBLY INJECTIONS. POSSIBILITY OF ARTHRITIS IN THIS AREA.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Gigi Jennings is a 48 year old White female who complains primarily of low back and leg pain. In addition, she also complains of foot pain, hand pain, hip pain, knee pain, neck pain and shoulder pain. The patient states that the onset of pain was gradual ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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.; The patient has completed 6 weeks or more of Chiropractic care.;	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	15	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	16	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 9/2018; There has been treatment or conservative therapy.; weakness; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	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.; 6 years; There has been treatment or conservative therapy.; pain; currently in PT, has had knee injections, muscle relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Weakness 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.; There is weakness.; Generalized weakness all over.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; Hydrocodone 10mg	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	mantha Ellis is a 29 year old White female who complains primarily of foot pain. In addition, she also complains of ankle pain and foot pain. The pain began following an injury/accident that occurred 05/2017. It radiates She states the pain is aching, bur; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; This study is being ordered for Vascular Disease.; 12/21/2015; There has not been any treatment or conservative therapy.; CAD;Afib;hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material		"The ordering physician is a surgeon, pulmonologist, or cardiologist.;" A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Follow up of lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Mediastinal adenopathy; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Patient is a 55-year-old female with severe multivessel coronary disease with markedly depressed ejection fraction seen by transthoracic echo she has mild aortic insufficiency and mild mitral regurgitation. The patient will need coronary bypass surgery. ; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	4.0 centimeter aneurysm 3-2019f/u to see if it has grown; 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.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Clinicals attached.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	pre op TAVR; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Aortic stenosis and heart disease.; pt has had aortic valve stenosis and 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pre op TAVR; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Aortic stenosis and heart disease.; pt has had aortic valve stenosis and 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	This is a request for a Heart CT.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, 78451	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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);	Irregular ulcerated plaque with aneurysm of the thoracic aortic arch,,maximum transverse dimension about 42 mm with a focal outpouching;aneurysm or pseudoaneurysm from the lateral inferior aortic arch 12 x;18 mm or ulcerated plaque. Infrarenal abdomina; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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;	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 male.; The patient has not had a recent non-nuclear stress test.; DISPOSITION: I reviewed the echocardiogram with Dr. Younis. Based on the pressure halftime, this aortic regurgitation would be considered moderate, but on close inspection, the regurgitant jet hits the anterior leaflet of the mitral valve, which probably; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 12/21/2015; There has not been any treatment or conservative therapy.; CAD;Afib;hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral lower extremity pain, difficulty walking, rule out spinal stenosis; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiac Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		All studies are requested as part of pre TAVR eval for this severe aortic valve stenosis patient.; This study is being ordered for Vascular Disease.; 3/25/2013; There has not been any treatment or conservative therapy.; Aortic valve stenosis, mitral valve regurgitation, chronic a-fib, congestive heart failure, and 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast		Yes, this is a request for CT Angiography of the Neck.	8 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	6	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest is being ordered to assess the pt aorta. He has a noted murmur by physical exam with his primary care provider and hypertensive management.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/09/2020; There has been treatment or conservative therapy.; exertion; stint, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt. pleural effusion; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Thoracic AAA 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if	; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ascending thoracic aortic aneurysm status post remote repair. This has been assessed in several years, he states. We will arrange for CT angiography of the chest in the near future.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast	Clinicals attached; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Clinicals attached; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Enter answer here - or Type In Unknown If No Info Given. &gt;None; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Followup scan of thoracic aortic aneurysm. Last scan was in 2015 and showed a 4.7cm aortic root 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Hypertension (I10);# Thoracic aortic aneurysm without rupture (I71.2);# Shortness of breath (R06.00);# Diabetes mellitus type II (E11.9);Thoracic aortic aneurysm: Denies chest pain. A thorax CTA performed in Mercy Booneville on 4/5/19 showed ; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Impression: ; 1. Dilatation of the ascending thoracic aorta measuring up to 4.6 ; cm. The descending thoracic aorta measures 2.5 cm. ; 2. No focal consolidation or effusion.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Patient with known CAD and previous stents c/o chest pain and sob.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including	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.; Yes, this is a request for a Chest CT Angiography.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	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.; Yes, this is a request for a Chest CT Angiography.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	19	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	This study is being ordered for vascular disease.; "The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	ukn; This study is 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; It is not known if there has been any treatment or conservative therapy.; ukn; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	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 weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Obtain an MRI of the lumbar spine to evaluate for any change of this disease. If he has no spinal disease then we will consider treatment for neuropathy. If that fails, we will consider peripheral angiogram and possible intervention of the left common ili; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient needs to undergo these exams to determine the amount of stenosis in carotid artery as part of a TAVR screening.; This study is being ordered for Vascular Disease.; 03/23/2020; There has not been any treatment or conservative therapy.; Unspecified atrial fibrillation, shortness of breath, fatigue, generalized edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image	pre eval for TAVR procedure; This study is being ordered for Vascular Disease.; 4-30-2020; There has not been any treatment or conservative therapy.; dyspnea, edema, a-fib; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pre TAVR eval; This study is being ordered for Vascular Disease.; 6/4/2020; There has not been any treatment or conservative therapy.; chronic fatigue and chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	11	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	12	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Vascular disease; Enter Additional Clinical Information&gt;fax clinicals; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	74185 Magnetic resonance angiography,	This is a request for a MR Angiogram of the abdomen.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	ukn; This study is 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; It is not known if there has been any treatment or conservative therapy.; ukn; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Unknown; This study is being ordered for Congenital Anomaly.; 04/27/2018; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	This is a request for a Heart CT.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	; 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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	; 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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image	; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	1. Persistent atrial fibrillation/atrial flutter. The patient has failed cardioversion on flecainide. Discussed options and patient would like to proceed with ablation of his atrial fibrillation and atrial flutter. We will plan for pulmonary vein isol; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	All studies are requested as part of pre TAVR eval for this severe aortic valve stenosis patient.; This study is being ordered for Vascular Disease.; 3/25/2013; There has not been any treatment or conservative therapy.; Aortic valve stenosis, mitral valve regurgitation, chronic a-fib, congestive heart failure, and 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Ms Rebecca Hendrix is a 27 yo woman with PMHx of POTS, chronic fatigue syndrome, asthma, gastritis, GERD, retinal detachment, hypermobile joints with suspected Ehlers Danlos syndrome. She recently experienced episodes of chest pain with a negative workup ; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	Patient needs to undergo these exams to determine the amount of stenosis in carotid artery as part of a TAVR screening.; This study is being ordered for Vascular Disease.; 03/23/2020; There has not been any treatment or conservative therapy.; Unspecified atrial fibrillation, shortness of breath, fatigue, generalized edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing	pre eval for TAVR procedure; This study is being ordered for Vascular Disease.; 4-30-2020; There has not been any treatment or conservative therapy.;; dyspnea, edema, a-fib; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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)	PT HAD MYOCARDIAL SCAN THAT WAS ABNORMAL. EVIDENCE OF ISCHEMIA ON ECG, ADEQUATE FUNCTIONAL CAPACITY FOR AGE, DUKE TREADMILL SCORE IS -5 WHICH IS INTERMEDIATE RISK FOR FUTURE CARDIOVASCULAR EVENTS.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	5 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	Ventricular tachycardia fibrillation. It is unclear if this was her presenting rhythm or this developed later during her resuscitation. Her echocardiogram was normal. She was significantly hypokalemic and hypomagnesemic which was a large contributor to; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	; This study is being ordered for Vascular Disease.; 12/2019; There has been treatment or conservative therapy.; Lower Extremity wounds on Left and Right legs. Right is more extensive. They are non healing, he has been going to wound care. He has bilateral leg pain.; He has been going to wound care in an attempt to heal lower extremity wounds. Pt is morbidly obese weight is 425. He attempting to lose weight. Smoking cessation strongly encouraged. He has had Lower Extremity Arterial Doppler to evaluate PAD.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if	Drop in ABI; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Claudication; Stent, medications, atherctomy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	22	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; 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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	; 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 20 to 29	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; 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.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	; This study is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; He has a history of kidney disease, uncontrolled HTN.;C/o chest pain while lying down. Shortness of breath with and without activity. Bilateral LE edema.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>reports that his blood pressure is normally controlled.;Continue current medications for now.;I10: Essential (primary) hypertension;ELECTROCARDIOGRAM;;2. Dyspnea - ??Anginal equivalent;DDX: body habitus, vs.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 MONTHS AGO; There has been treatment or conservative therapy.; This is a 63 y/o patient who was referred today for shortness of breath on exertion. Mr. Hilton has noticed worsening SOB of exertion for the past 6 months, with light exertional activities. It is aggravated by activities, and relieved by rest. He denies ; This is a 63 y/o patient who was referred today for shortness of breath on exertion. Mr. Hilton has noticed worsening SOB of exertion for the past 6 months, with light exertional activities. It is aggravated by activities, and relieved by rest. He denies ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>.Atrial fibrillation. He has been in chronic atrial fibrillation since at least 2016. At the last time he had testing. We had a discussion about atrial fibrillation, stroke risk and his CHAD score. He is willing to start Eliquis at 5 mg b.i.d. His r; 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</p>	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	#1 angina: she presents with recurring anginal symptoms mimicking that of her previous intervention.;She recently had a substernal chest burning episode with associated diaphoresis. Antacids did not help. She went and laid down and felt quite fatigued ev; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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: she has noticed recurring anginal symptoms mimicking that of her prior interventions. She describes it as left arm pain, and jaw pain. Left arm pain is mostly constant, the chest pain can come on with exertion.;Her EKG shows s; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>#1 hypertension: Her blood pressures well controlled on her current dose of diltiazem. No symptoms of orthostatic hypotension.;;#2 paroxysmal atrial fibrillation: She's currently on sotalol. She feels that she is maintaining sinus rhythm. She doesn't th; 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; It is unknown if there is a physical restriction to the member's ability to exercise</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>#1 palpitations: She recent episode of palpitation lasting about a minute or so. She states she was working in the kitchen. She felt a rapid heart rate for almost a minute. It resolved on its own. She does drink quite a bit of caffeine in regards to keep.; 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</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	1. Shortness of breath and chest tightness. In view of the patient's risk factors and strong family history we will start her workup with a Lexiscan stress test and an echocardiogram. I also recommended that she gets herself tested for COVID.;2. Hype; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	01. Body mass index (BMI) 34.0-34.9, adult (Z68.34);02. Type 2 diabetes mellitus without complications (E11.9);03. Hyperlipidemia, unspecified (E78.5);04. Type 2 diabetes mellitus without complications (E11.9);05. Mixed hyperlipidemia (E78.2);06. Ess; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	01. Body mass index (BMI) 34.0-34.9, adult;02. Other chest pain;03. Essential hypertension;04. Diabetes mellitus without complication;1. Syncope. Denies prodromal symptoms. Last episode occurred while sitting. However, also reports chest pain, which is; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	01. Body mass index (BMI) 45.0-49.9, adult;02. Essential hypertension;03. History of DVT (deep vein thrombosis);04. Edema, unspecified type;05. SOB (shortness of breath) on exertion;1. History of deep venous thrombosis. Continue Xarelto. The patie; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	1.Recent onset shortness of breath: Possible anginal equivalent and coronary artery disease.;2.Pain and swelling involving the right lower extremity: Possible deep venous thrombosis.;3.Hypertension.;4.Diabetes mellitus.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	47-year-old gentleman complaining of worsening shortness of breath for the past week. He has had episodes of intermittent dizziness. He reports being longtime smoker. He has some mild left upper extremity pain which he attributed to chronic neck pain. ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	71-year-old white female who in 2006 was diagnosed by Dr. Shows of having a cardiomyopathy. Patient complains of dyspnea on mild, occasionally moderate exertion, moderate to severe in intensity, subsiding after 4 to 5 minutes post exercise cessation. Of; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	86 YR/OLD PT C/O SOB WITH EXERTION AND EDEMA IN LE, HX OF CAD, CHF, PVC, PAC; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 86 YR/OLD PT C/O SOB WITH EXERTION AND EDEMA IN LE, HX OF CAD, CHF, PVC, PAC; It is not known if there has been any treatment or conservative therapy.; 86 YR/OLD PT C/O SOB WITH EXERTION AND EDEMA IN LE, HX OF CAD, CHF, PVC, PAC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	abnormal treadmill stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	asymptomatic bradycardia, abnormal event monitor, CKD, HTN, hyperlipidemia, obesity, mod diastolic dysfunction, mild MR, dilated aortic root; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Atherosclerotic heart disease of native coronary artery without angina pectoris; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>CAD: On aspirin, statin and carvedilol.;Patient has been c/o chest pain on exertion, 4/10 in intensity, gets better at rest. no radiation. No syncope.Denies any claudication.; CAD, hypertension, hyperlipidemia;CAD: Y - last heart cath 9/19', stents x2 ; This study is being ordered for Vascular Disease.; IN 2011; There has been treatment or conservative therapy.; chest pain, and fatigue.;Past Medical History;CAD: Y - last heart cath 9/19', stents x2 11', x1 12';CHF: Y - Diastolic/systolic dysfun 35% EF Echo 9/19';Hyperlipidemia: Y;Hypertension: Y;Cardiovascular Surgery - Heart Stent x2 11/2011 and 01/2012;C; STENT PLACEMENT 2011 AND 2012, 2018 AND ALSO IN 2019 ;ON A STATIN, LISINOPRIL AND METOPROLOL FOR HIGH BP, ALSO ON LISINOPRIL AND COREG FOR 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</p>	1 2020 Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>CAD: Y - stents x4;COPD: Y;Hyperlipidemia: Y;Hypertension: Y;Diabetes: (no answer) - pre diabetes;Notes: Hypertrophic cardiomyopathy;Systolic Murmur: grade 2/6 at the RUSB. ;1) CAD - She is s/p PCI of the RCA, OM and LAD and LCx. No further symptom; 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</p>	1 2020 Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	cardiac hx, worsening cardiac symptoms; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	CCTA was done at Baptist hospital. Do not have the results of test. pt has had some short of breath and chest pain as if an elephant sitting on his chest. pt has am mild nonobstructive coronary artery disease although he has a history of stents in 2012.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	chest pain, syncope, had stent in 2017 , history of MI, shortness of breath; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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,LEFT ARM PAIN,SOB, HX OF CAD, DIABETES,HYPERLIPIDEMIA, LHC (10/24/2016) One-vessel significant atherosclerotic obstructive CAD. No significant Intra-Stent restenosis in the mid RPDA. LVEF: 60%. LVEDP: 10 mmHg., STENT 2014; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	CHEST PAIN/ SOB/ HTN/.; This study is being ordered for Vascular Disease.; 04/22/2020; There has not been any treatment or conservative therapy.; CHEST PAIN/SOB/FLUTTER/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Chronic combined systolic (congestive) and diastolic (congestive) heart failure;Abnormal electrocardiogram; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Cindy L Wylly is a 62 y.o. female with a past medical history of HTN, hyperlipidemia, CVA, and active smoking. She is here today for a follow-up evaluation of chest pain.; "My blood pressure has been up and down, and I'm really concerned about it. When my p; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Coronary artery disease: Status post coronary artery bypass graft x3 with left internal mammary artery to left anterior descending, saphenous vein graft to diagonal, saphenous vein graft to posterolateral branch in October of 2015. The patient has been ; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	CP, dyspnea, hypertension,; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	cp; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	diabetic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/27/2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, minor syncope episodes, hypertension,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Dyspnea, some degree of heart failure; CHF; abnormal cardiac cath9-9-2019; atrial fib; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2020; There has been treatment or conservative therapy.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 04/23/2020; There has not been any treatment or conservative therapy.; Pt ahs chest pain, SOB, palpitation, fatigue. Family history of 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Exercise Cardiolite stress test to help determine whether or not her symptoms might be secondary to myocardial ischemia. If positive then we will proceed with a diagnostic cardiac catheterization to define her c; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	He continues to have atypical chest pain. History of 2 vessel CABG, pending op report. Would proceed with MPI study to assess for ischemia burden. Uncontrolled BP, would add ACEI-HCT, also CCB. Switch to Crestor, continue with ASA and BB. Would check full; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	He is referred by Dr. Lohani for evaluation of increased SSCP. He has a history of prior CAD with a remote PCI to the RCA in 2010. He has not been followed by Cardiology for several years. He has had poorly controlled hypertension intermittently with m; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	history of breast CA;;substernal chest discomfort with exertion;;palpitations; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	History of cardiomyopathy, history of TIA/stroke, hypertension and chest pain and shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	History of hypertension history of hyperlipidemia and diabetes mellitus patient is complaining of chest pain described as dull in nature with progressive shortness of breath chest pain sometimes radiates to the left arm and had episode of syncope no ische; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	History of hypertention and family history of CAD; This study is being ordered for Vascular Disease.; 03/2020; There has not been any treatment or conservative therapy.; Chest Pain, Shortness of breathe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	History of inferior MI and PCI to RCA in 2019 with some back and chest discomfort: We will obtain an echocardiogram and MPI.;2. Possible neuropathy pain with numbness and tingling in his feet: We will refer to Dr. South, neurology, as he had seen Dr. ; This study is being ordered for Vascular Disease.; 02/11/19; There has not been any treatment or conservative therapy.; chest pain, arteriosclerosis of coronary 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	HTN, Mild Mitral Valve Reg., PAF on ASA 325 mg daily, Mild Tricuspid Valve Reg., OSA on CPAP, and CRI. Hx of right kidney transplant; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	HX OF STENTS; This study is being ordered for Vascular Disease.; CONTINUED; There has not been any treatment or conservative therapy.; SOB/DYSPNEA/CAD W/O ANGINA/ HX OF STENTS/ ABN 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	hypertension;;Waking middle of the night with chest pressure and heaviness sensation;;sleep apnea with CPAP;;BMI 24;;hyperlipidemia; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Hypertensive heart disease without heart failure; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	impression;;#1 coronary artery disease: He underwent stenting to the circumflex back in May. He's having recurring angina in his chest as well as in his left arm. He has not taken any nitrates.;isosorbide mononitrate 30 mg daily because shortness of bre; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Lexiscan Cardiolite stress test will be performed for further evaluation of her obstructive coronary artery disease. She has evidence of a recent embolic stroke secondary to presumed hypertensive heart disease with impaired LV systolic function and persis; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Mr. Lunsford was scheduled for a cath but was cancelled due to a creatinine of 3.4. He is followed by Dr. Hieple, nephrologist. He sees him in April. ; He continues to have chest discomfort with exertion and at rest. He gets cramps all over his bod; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Mrs Farr is seen today for her 6 month follow up regarding CAD and s/p PCI back in 2018. Over the last couple of days she has been awakened with chest pain that radiates across her chest and down both of her arms. She is having palpitations, shortness o; 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</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>myocardio was approved but pt had to reschedule due COVID. She had prior PCI with a drug-eluting stent in 2011. She is having exertional shortness of breath. She will try to walk on a treadmill but she has significant sciatica that is being worked up. She; 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</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	N/A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	No Stress echo done within 60 mile radius. #1 PAD: He has significant disease involving his aorta and left common femoral system. He needs to undergo aortofemoral bypass grafting. He has lifestyle limiting claudication. He can basically walk about 50 feet; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	No Stress Echo done within 60 mile radius. Angina, HTN, Hyperlipidemia, Diabetes mellitus, Unilateral numbness and tingling, carotid bruit, systolic ejection murmur. Patient is current everyday smoker.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	No Stress Echos done within 60 mile radius.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Patient had a positive regular treadmill stress test.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Patient had an abnormal regular Treadmill stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Patient has BMI of 35.44, had diabetes, precordial chest pain, shortness of breath, hypertension, hypertensive heart disease, obesity, diastolic dysfunction and thoracic aortic dissection.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	patient has cp/sob with abnormal ekg. she has high risk of cvd with htn, hld, obesity, and strong family hx.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 multiple risk factors for coronary artery disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a year or 2 ago he had a full work-up done at the VA where they had done an ultrasound of the heart and told him that 1 of his valves were not functioning properly; There has not been any treatment or conservative therapy.; throbbing left precordial chest pain that is persistent worse 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Patient has progressive dyspnea on exertion, is a current every day smoker, has hypertension, high cholesterol, BMI of 38.37 so patient is obese, chest pain, GERD and PTSD.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	patient is a former smoker has history of angina pectoris hyperlipidemia multiple atrial premature complexes; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>patient is here for evaluation of dyspnea on exertion, chest pain and paroxysmal dizziness. Patient has diabetes, mixed hyperlipidemia, Morbid obesity, dependence on CPAP for obstructive sleep apnea and patient has primary osteoarthritis.; 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</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>Patient is here to establish care- has history of systolic CHF with LVEF 35-40%, has chest pain, shortness of breath associated with exertion, has high blood pressure, cardiomyopathy and CKD.; 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</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Patient was recently injured and is now wheelchair bound. Unable to exercise. Experiencing precordial chest pain, shortness of breath, hypertension, abnormal EKG, history of pulmonary embolism, DDD lumbar spine.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Patient with CHF and extensive cardiac history has abnormal ekg showing ectopic ventricular couplets. Experiencing palpitations, unstable angina, a-fib and chest discomfort. Need Myoview for further evaluation.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at</p>	<p>Patient with known coronary artery disease with complaint of exertional chest pain. Patient is unable to walk on a treadmill due to back issues and unable to stand up straight.; 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</p>	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Patient with known Coronary Artery Disease with Stent placement in 2017 has new and worsening chest pain on exertion that that is located in the middle of his chest and radiates to left arm. Patient is not able to walk two flights of stairs without stoppi; 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</p>	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Patient with previous TIA experiencing chest pain, palpitations, SOB, dizziness, near syncope and has known diabetes and CAD.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	PATIENT WITH WORSENING CP/SOB/DOE. HAD ABNORMAL EKG SHOWING SB AND HTN OF 162/96. HAD EXERCISE STRESS TEST 6/3/20 WAS NON-DIAGNOSTIC DUE TO PT UNABLE TO REACH TARGET HR. FORMER SMOKER AND KNOWN HYPERLIPIDEMIA. BMI 29.71.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Pertinent history includes: persistent A-Fib(on warfarin), CAD, HTN, HLD, Bi-Atrial Enlargement, Mild AR, Mild-Moderate MR, Moderate TR.Patient complains of DOE worsening over the last few weeks. States she has some orthopnea, but is using only 1 pillow a; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	PLAN: The patient reports having echo and the results will be requested. A stress echo is recommended for evaluation of left ventricular wall motion and ejection fraction and to rule out any possibility of coronary artery disease and ischemia. Further ; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Pt has dyspnea with exertion and orthopnea at night. History of MI and had PCI in 2013, chest discomfort, recent CXR showing cardiomegaly and pleural effusion, has hypertension, CHF, COPD and pacemaker/defibrillator; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	PT HERE TODAY FOR STRESS ECHO; DUE TO RESTING WALL MOTION ABNORMALITIES; ECHO ONLY & SWITCH TO MPI PER DR. YOUNIS. TASKED S. MCMELLON TO SET UP MPI.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	pt unable to achieve adequate heart rate on 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Recurrent shortness of breath and chest pain on exertion: The patient has been having recurrent chest pain on exertion, felt as retrosternal chest pressure. She had these symptoms intermittently for several years. She had a dobutamine stress echo in th; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Richard continues to be very short of breath with activity. Since he cannot reach his target heart rate on the treadmill I am going to arrange for him to have a Lexiscan Cardiolute stress study to rule out obstructive level of coronary artery disease. While; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	shortness of breath and chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Sick sinus syndrome.;2.Status post dual chamber pacer. ;3.Sustained ventricular tachycardia. ;I have explained SVT, its mechanism, and options of therapies available. We will get a stress echocardiogram to rule out any ischemic heart disease as t; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	SOB WITH CHF COULD BE ISCHEMIC EQUIVALENT;CAD/PCI WITH SOB AND NEAR SYNCOPE; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	SWELLING IN LE BIL, ANGINA, SOB WITH ACTIVITY, HX OF CAD, INTERMITTENT CLAUDICATION; 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; It is unknown if there is a physical restriction to the member's ability to exercise	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	The patient is a 64 y.o. female who is here today as new patient. PMH: COPD, HTN, DM, OSA (sleep study in June), Anemia, interstitial lung disease , fibro,GERD, h/o Hep C in 90s, left mastectomy r/t MRSA, Anxiety and depression. Complains of occasional Ch; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	There were two fast AV episodes which appear to be sinus tachycardia. She has atrially paced 12% and CRT pacing 99%; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	This 58 year old male presents for CAD. 58 yo male here for a 3 mo return appt. Pt is followed by EP and CHF clinics. Pt presents today with sob. 58-year-old gentleman who comes to the clinic for follow-up. He denies chest pain. He has some dyspnea of exe; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	This 65 year old male presents for CAD, Hypertension and Hyperlipidemia.;Mr. Honeycutt is a 64 year old white male here for return appointment. ;-CAD with inferior STEMI in 2017 with PCI at that time. Recently, underwent CABG x 2 12/17/18 with LIMA-LAD;; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	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	30 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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	14 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	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 40 or greater	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	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	10 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	27 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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.	46 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	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	54 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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	47 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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	48 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Treadmil stress test inconclusive; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when 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.; 3 TO 4 MONTHS; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; NEW ONSET OF DIZZINESS WITH NO ASSOCIATED SYMPTOMS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	will fax it; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; SOB and fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	will upload clinicals; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	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.; Atherosclerotic heart disease of native coronary artery without angina pectoris;Essential (primary) hypertension;Ischemic cardiomyopathy;Non-ST elevation (NSTEMI) myocardial infarction	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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 had a recent MI.; Patient with CAD; MI and stent deployment 04/2019; and cardiomyopathy; MPI revealed 32-48% EF; echo was technically difficult with EF of possibly 55%	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	; 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 NOT been at least 12 months since the last echocardiogram was performed.; It is unknown if the patient is experiencing new or changing symptoms related heart valves.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	; 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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; LEG SWELLING FOR THE PAST TWO MONTHS AND SYNCOPE FOR THE PAST 2 WEEKS. shortness of breath when walking and ankle edema. CHEST DISCOMFORT. OBESITY, NO PREV HX OF CAD. BP 132/80 WT. 240 5 FT 2 IN. OTHERWISE HAS INSOMNIA. HE IS A CURRENT EVERYDAY SMOKER; It is not known if there has been any treatment or conservative therapy.; SOB, CHEST PAIN, EDEMA LE AND SYNCOPE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Vascular Disease.; chest pain and shortness of breath that have been going on for 1-4 weeks; There has been treatment or conservative therapy.; SOB, CP, BLE edema and palpitations; metoprolol succinate 25 mg Oral 24 hr tabletTake 1 tablet by mouth daily;;medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>78 yo woman presents for evaluation of dyspnea on exertion. She notes that her dyspnea has been present for some time but that it has worsened over the last month or so. She notes it mostly when she is climbing stairs. She has no complaints of pnd or orth; 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.</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>86 YR/OLD PT C/O SOB WITH EXERTION AND EDEMA IN LE, HX OF CAD, CHF, PVC, PAC; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 86 YR/OLD PT C/O SOB WITH EXERTION AND EDEMA IN LE, HX OF CAD, CHF, PVC, PAC; It is not known if there has been any treatment or conservative therapy.; 86 YR/OLD PT C/O SOB WITH EXERTION AND EDEMA IN LE, HX OF CAD, CHF, PVC, PAC; 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</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	AFIB, CAD, HTN, MOD DIASTOLIC DYSFUNCTION. 5 MO HX INCREASED SOB AND DIZZINESS.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	and patient is diabetic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/2020; There has not been any treatment or conservative therapy.; Chest Pain And hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	bypass; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	chest pain with acute myocardial infarction rule out at hospitalization. Prior diagnosis of heart failure with reduced ejection fraction at another facility "a few years ago" per patient's report; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	chest pain; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	CHEST PAIN/ SOB/ HTN/.; This study is being ordered for Vascular Disease.; 04/22/2020; There has not been any treatment or conservative therapy.; CHEST PAIN/SOB/FLUTTER/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	and dyspnea on exertion, shortness of breath. vision change. dizziness and frequent or severe headaches.tachycardic.- Will need echocardiogram to evaluate for EF, diastolic function. Patient does give a history ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/09/2020; There has been treatment or conservative therapy.; tachycardic,dizziness and frequent or severe headaches.;shortness of breath.,chest pressure and pain; and palpitations and dyspnea on exertion.vision change.She has not followed with any cardiologist or had any cardiac work-up in last 10 years.; ASA 81 MG DAILY, ALSO EKG SHOWED...;Patient states she had a stroke when she gave birth the her 3rd child and she feels like she was having another one last week. She is unsure if she did have one but she felt like it was a mini stroke, she couldnt speak; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	dilated cardiomyopathy, presence of aortocoronary bypass graft, CP and SSS.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307  Echocardiograph  y, transthoracic,  real-time with  image  documentation  (2D), includes M-  mode recording,  when performed,  complete,  without spectral  or color Doppler  echocardiograph  y</p>	<p>Enter answer here - or Type In Unknown If  No Info Given. This study is being ordered  for something other than: known trauma or  injury, metastatic disease, a neurological  disorder, inflammatory or infectious  disease, congenital anomaly, or vascular  disease.; Enter date of initial onset here - or  Type In Unknown If No Info Given It is not  known if there has been any treatment or  conservative therapy.; Describe primary  symptoms here - or Type In Unknown If No  Info Given One of the studies being  ordered is NOT a Breast MRI, CT  Colonoscopy, EBCT, MRS, PET Scan, or  Unlisted CT/MRI.; The ordering MDs  specialty is NOT Hematologist/Oncologist,  Thoracic Surgery, Oncology, Surgical  Oncology or Radiation Oncology</p>	1 2020 Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307  Echocardiograph  y, transthoracic,  real-time with  image  documentation  (2D), includes M-  mode recording,  when performed,  complete,  without spectral  or color Doppler  echocardiograph  y</p>	<p>Enter answer here - or Type In Unknown If  No Info Given. This study is being ordered  for something other than: known trauma or  injury, metastatic disease, a neurological  disorder, inflammatory or infectious  disease, congenital anomaly, or vascular  disease.; Enter date of initial onset here - or  Type In Unknown If No Info Given There  has been treatment or conservative  therapy.; ; NO, new patient; One of the  studies being ordered is NOT a Breast MRI,  CT Colonoscopy, EBCT, MRS, PET Scan, or  Unlisted CT/MRI.; The ordering MDs  specialty is NOT Hematologist/Oncologist,  Thoracic Surgery, Oncology, Surgical  Oncology or Radiation Oncology</p>	1 2020 Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/20/2020; There has not been any treatment or conservative therapy.; chest pain, SOB, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/02/2020; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/09/2020; There has been treatment or conservative therapy.; exertion; stint, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	follow up; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	History of hypertention and family history of CAD; This study is being ordered for Vascular Disease.; 03/2020; There has not been any treatment or conservative therapy.; Chest Pain, Shortness of breathe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	increased fatigue and shortness of breath and hist of Coronary ord disease. Last heart cath mod diastolic dysfunction left ventricle.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Jean Fulmer is a 78 y.o. female who presents for to establish care. Pt formerly seen Dr Weingarden at the Heart Place. Records in media. Pertinent history includes: AF, Mild-Moderate AR, Mild-Moderate MR, Mild TR. Other past medical history is noted below; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Left Ventricle: LV systolic function is depressed. Ejection fraction ;is estimated to be 25%.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Moderate LV systolic dysfunction moderate LV systolic dysfunction (EF 35%) with multiple segmental WMAs and severe MR;Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris;Chronic combined systolic (congestive) and dia; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Mr Pate is here with concerns of having some chest discomfort when he coughs or sneezes . He has noticed also shortness of breath on exertion. Mr Pate rides is bicycle 45 miles a week, weather permitting. Mr Pate reports that he had a chest xray that r; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	N/A; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	NEED TO ASSESS FOR CHF AND DIASTOLIC DYSFUNCTION; CHEST PAIN; HEART PALPITATIONS; LOWER EXTREMITY EDEMA; CIGARETTE SMOKER; HYPERTENSION; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	NEEDING STUDIES TO DETERMINE TX; This study is being ordered for Vascular Disease.; PT C/O SYNCOPE WEAKNESS AND FATIGUE. KNOWN MITRAL VALVE DISEASE, TRICUSPID REGURGITATION, DIASTOLIC AND SYSTOLIC HF. HAVING AFIB AND BRADYCARDIA. LAST KNOWN EF 20-25%.; There has been treatment or conservative therapy.; SYNCOPE, WEAKNESS, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	none; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	One-year followup. Repeat her echo at that juncture. EKG was done in your office or in the emergency room last month which showed a little IVCD, nonspecific ST and T-wave changes, and unchanged going back years. One-year followup made.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Patient has cardiomyopathy.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	PT HAS CHEST PAIN W/ ORTHOSTATIC HYPOTENSION AND SYNCOPE; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	pulmonary pressures; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	see case notes.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	SHORTNESS OF BREATH W/ EXERTION/ FATIGUE / WORSENING EDEMA IN HANDS AND FEET,; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	SOB AND EVAL FOR INDUCIBLE ISCHEMIA; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; EXPERIENCING WORSENING SOB W/ EXERTION, CHEST DISCOMFORT, W/ LIGHTHEADEDNESS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>The patient is a 75 y.o. male who presents today to establish care. He has a PMH of hypertension, hyperlipidemia, DM, OSA, and cancer. He reports he has had angina for years, relieved with Nitro. However, he has had more frequent episodes and the last one; 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.</p>	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>The patient is a very nice 67-year-old female who presents to the office today for treadmill stress echoChest pain and follow-up. Her past medical history is insignificant for chronic angina, moderate COPD, and known carotid disease with some aortic plaqu; 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.</p>	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>The patient says she is having worsening chest pain and palpitations. She says this has been going on for the past 2 months when she developed chest discomfort radiating to her arms. The patient also reports palpitations, dizziness and near syncope.; 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.</p>	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	13	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x- ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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) indicatvie of heart disease.; The patient has high blood pressure	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	13	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	2	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	11 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	25 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307  Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.; This is for the initial evaluation of abnormal symptoms, 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.</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	<p>93307  Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; 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</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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) indicatvie of heart disease.; The patient has abnormal heart sounds	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	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.	32 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	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.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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.	22 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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.	23 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	16 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	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 NOT been at least 12 months since the last echocardiogram was performed.; The patient is NOT experiencing new or changing symptoms related heart valves.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	22 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 is unknown when the last echocardiogram was performed.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	79 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	81 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	57 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	58 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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.	14 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	48 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	91 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	93 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	32 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	33 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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).	26 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	185 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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.	186	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	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.	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	335	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	337	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Unknown; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	UNKNOWN; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SOB ON EXERTION, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	will fax it; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; SOB and fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	will fax; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Will fax.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	nonw; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2020; There has been treatment or conservative therapy.; SOB, fatigue , heart failure; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement,	Severe aortic stenosis and evaluate for surgery; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	21 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial valve, pacemaker, ASD closure device etc); The patient is 18 years of age or older.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	7 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	; This study is being ordered for Vascular Disease.; chest pain and shortness of breath that have been going on for 1-4 weeks; There has been treatment or conservative therapy.; SOB, CP, BLE edema and palpitations; metoprolol succinate 25 mg Oral 24 hr tabletTake 1 tablet by mouth daily;;medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	bradycardia with heart rate in the 40's; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	diabetes, hypertension, hyperlipidemia; This is a request for a Stress Echocardiogram.; This patient had a Nuclear Cardiology study within past 8 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Stress Echocardiogram.; It is not known if this patient had a Nuclear Cardiac Study within in the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Enter answer here - or Type In Unknown If No Info Given. 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.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	NEW ONSET CHEST PAIN SOB HEART VALVE DISORDER; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	peer to peer note from trk# 112132615 "/12/2020 11:43:09 AM NOTE Peer-to-Peer Discussion held. Case decision discussed with and understood by MDO. Synopsis of discussion: DOE with known CAD. SE preferred. Agrees to change request. David Elbaum, DO "; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	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.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	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's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting new symptoms of chest pain or significant EKG changes.; "The patient has not had a nuclear cardiology study since surgery, angioplasty, stent or MI.;" The patient has not had a stress echocardiogram since surgery.; 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 a Post Myocardial Infarction Evaluation.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using	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.	21 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, 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 pharmacologicall y induced stress,	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, 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 pharmacologicall y induced stress, with	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	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.	14 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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.	154 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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.	155 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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.	156 2020	Apr-Jun 2020	
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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.	157 2020	Apr-Jun 2020	
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1 2020	Apr-Jun 2020	
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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 2020	Apr-Jun 2020	
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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	2 2020	Apr-Jun 2020	
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	70450 Computed tomography, head or brain;	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pericardial thickening by echocardiogram and decrease in EF on young patient.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Congenital Anomaly.; 04/27/2018; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 12/2019; There has been treatment or conservative therapy.; Lower Extremity wounds on Left and Right legs. Right is more extensive. They are non healing, he has been going to wound care. He has bilateral leg pain.; He has been going to wound care in an attempt to heal lower extremity wounds. Pt is morbidly obese weight is 425. He attempting to lose weight. Smoking cessation strongly encouraged. He has had Lower Extremity Arterial Doppler to evaluate PAD.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Drop in ABI; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Claudication; Stent, medications, atherctomy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	All studies are requested as part of pre TAVR eval for this severe aortic valve stenosis patient.; This study is being ordered for Vascular Disease.; 3/25/2013; There has not been any treatment or conservative therapy.; Aortic valve stenosis, mitral valve regurgitation, chronic a-fib, congestive heart failure, and 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Wilson is a new patient referred her by Dr. Rosenzweig after incidental finding of a 5.0cm abdominal aortic aneurysm. He has been dealing with nagging back pain for some time and in his workup CT was recommended. He has a history of CAD with stent x2 ; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	75557 Cardiac magnetic resonance	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material,	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	HPI: ; Mr. Upton comes in for follow-up seen on 17 March. He was having some palpitations. Has had some atypical chest discomfort. He underwent echocardiogram showing normal LV function with some mild tricuspid regurgitation. 24-hour Holter showed; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material,	Radiology Services Denied Not Medically Necessary	!10 HTN (hypertension) ;; E78.5 HLD (hyperlipidemia); This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	At this point, for patient's shortness of breath, I suspect that this may be due to pulmonary vein stenosis. We will go ahead and obtain a 2-D echocardiogram for evaluate for any structural or valvular abnormalities after ablation. We will obtain a CTA of; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Patient has developed mid precordial pressure-like chest tightness, radiating into his left axilla, associated with dyspnea, moderate to severe in intensity, lasting short period of time, this is the best the patient can describe, spontaneous resolution. ; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	STEMI 1/1/2020 with thrombus to LAD. contributing diagnosis include hypertension, obesity, nicotine dependence; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	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	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	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	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	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 not know	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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 None of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	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	5 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; LEG SWELLING FOR THE PAST TWO MONTHS AND SYNCOPE FOR THE PAST TWO WEEKS. shortness of breath when walking and ankle edema. CHEST DISCOMFORT. OBESITY, NO PREV HX OF CAD. BP 132/80 WT. 240 5 FT 2 IN. OTHERWISE HAS INSOMNIA. HE IS A CURRENT EVERYDAY SMOKER; It is not known if there has been any treatment or conservative therapy.; SOB, CHEST PAIN, EDEMA LE AND SYNCOPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NOT SURE WHAT DAY STARTED WAS LAST SEEN IN OFFICE ON 06/18/2020 WITH COMPLAINTS OF SOB WITH WALKING; There has been treatment or conservative therapy.; Dyspnea on exertion -;Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R06.09: Other forms of dyspnea;NM, MYOCARDIAL PERFUSION SCAN, MULTIPLE;US, ECHOCARDIOGRAM, TRANSTHORACIC, COMPLETE, W/ COLOR FLOW; Coronary arteriosclerosis - -S/P PCI to the RCA and LAD in 7/2018.;C/O SOB ON EXERTION.;Will get NST to ro ischemia.;Cont asa, plavix.; Hypertensive disorder - Blood pressure is well controlled.;-Continue carvedilol and hydrochlorothiazide 25 mg dai; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	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; It is not known if there has been any treatment or conservative therapy.; PT HAVING SOB AND CHEST DISCOMFORT WITH A HX OF CAD NSTEMI S/P PCI to the LCx, OM and RPL. HX HTN, HYPERLIPIDEMIA, LEFT VENTRICULAR HYPERTROPHY, DIAGNOSTIC HEART FAILURE & DIABETES.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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	2	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 9/6/2014; There has been treatment or conservative therapy.; Preop clearance; given limited mobility and multiple risk factors for CAD will proceed with echo and pharm MPI before providing clearance.; 1. Preop clearance; given limited mobility and multiple risk factors for CAD will proceed with echo and pharm MPI before providing clearance. ;2. PVD; hx of PTA in 2018. C/o claudication like symptoms. No indication of acute limb ischemia on exam. Encour; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; LATELY; There has not been any treatment or conservative therapy.; SOB W/ SEVERE 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	#1 angina: She's been experiencing symptoms of chest discomfort over the past several weeks. Over the past 2-3 weeks his symptoms been getting more progressive and lasting longer. She describes a central pressure in the center of her chest. Sometimes is r; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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. Dyspnea on exertion and precordial discomfort. We will need to do a Lexiscan to rule out ischemia as a cause of the symptoms. In addition, we will check lab work including lipid profile.;2. Abnormal EKG with right bundle-branch block. No syncope ; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	1. Exercise Cardiolite stress test to help determine whether or not her symptoms might be secondary to myocardial ischemia. If positive then we will proceed with a diagnostic cardiac catheterization to define her coronary anatomy.;2. The patient is to; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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. Recurrent lightheadedness and dizziness.;2. Chest discomfort with radiation down to right upper extremity.;3. Palpitations.;4. History of mitral valve prolapse without known cardiac risk factors; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	8-year-old female with history of hypertension, syncope, and GERD, comes for follow-up.; ;1.The patient was referred for a recurrent syncopal episode. The patient is also complaining of mild chronic shortness of breath with intermittent exacerbation. ; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	37-year-old white female who over the last year has been experiencing random episodes of dyspnea, moderate to severe in intensity, lasting less than 5 minutes, spontaneous resolution, no other associated symptoms. Symptoms are randomly occurring with no i; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	40-year-old white male who complains of left precordial pressure-like chest pain, radiating to his left arm, moderate to severe in intensity, associated with dyspnea, lasting 4 to 5 minutes, spontaneous resolution or with the use of sublingual nitroglycer; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	46-year-old white female who has been experiencing recurrent episodes of mid precordial pressure-like chest pain, radiating into her left axilla, left shoulder, left arm, associated with dyspnea, lasting 5 to 7 minutes, spontaneous resolution. Symptoms ar; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Abnormal treadmill stress test; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	All information was given previously during the request; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	atypical chest pain, mother, father, brother w CAD, smoker, 56 yo female, will upload clinicals; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	chest discomfort/ hx of mitral vegetation/ mitral valve replacement; This study is being ordered for Vascular Disease.; 2019; There has not been any treatment or conservative therapy.; sob/valve vegetation;/ One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Chest Pain ;This is a recurrent problem. The current episode started in the past 7 days. The onset quality is sudden. The problem occurs intermittently. The problem has been unchanged. The quality of the pain is described as stabbing, squeezing and pres; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	chest pain at rest, obesity, sleep apnea, pre diabetes,; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 occurring while driving back from volleyball camp where daughter had been attending she developed severe chest pressure associated with shortness of breath. She presented to an OSH who performed a CT of the coronaries as well as ACS r/o which ; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	CHEST PAIN, ABNORMAL ECG AND HOLTER MONITOR.HAVING PALPITATIONS. NO PREV. HX OF CAD. HAS HTN, HYPOTHYROID AND HYPERLIPIDEMIA;BMI 33.1, FORMER SMOKER;FATHER HEART DZ,DM, MI 2000;BROTHER MI WHILE IN HIGH SCHOOL; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Chest pain, SOB. Dyspnea arm pain and palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	chest pain; This study is being ordered for Vascular Disease.; 5/26/20; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	and dyspnea on exertion, shortness of breath. vision change. dizziness and frequent or severe headaches.tachycardic;- Will need echocardiogram to evaluate for EF, diastolic function. Patient does give a history ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/09/2020; There has been treatment or conservative therapy.; tachycardic,dizziness and frequent or severe headaches.;shortness of breath.,chest pressure and pain; and palpitations and dyspnea on exertion.vision change.She has not followed with any cardiologist or had any cardiac work-up in last 10 years.; ASA 81 MG DAILY, ALSO EKG SHOWED...;Patient states she had a stroke when she gave birth the her 3rd child and she feels like she was having another one last week. She is unsure if she did have one but she felt like it was a mini stroke, she couldnt speak; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Chronic obstructive pulmonary disease.Syncope and collapse; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	CLINICALS WILL BE FAXED--RENDERING FACILITY DOES NOT OFFER STRESS ECHOCARDIOGRAM; This study is 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 THE PAST YEAR; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; FREQUENT DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	CLINICALS WILL BE FAXED. FACILITY DOES NOT OFFER STRESS ECHO; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 MONTHS; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; NAUSEA; VOMITING; ARM NUMBNESS; NEAR SYNCOPE; DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	ekg; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Elevated Hr and Bp, Complains of atypical pain across the chest. No particular relation to activity.Complains of palpitations and fast heart rates intermittently; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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);	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; ; NO, new patient; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	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.; 01/20/2020; There has not been any treatment or conservative therapy.; chest pain, SOB, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/02/2020; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/09/2020; There has been treatment or conservative therapy.; exertion; stint, 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	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.; months to years; There has not been any treatment or conservative therapy.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	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.; Recent; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	Establish Care (Referred by Jessica Armstrong for newly dignosed A-fib.); Atrial Fibrillation (He went to Forrest City Medical 3/17/20 after episode of syncope and was diagnosed with a-fib, beer potomania, Na 118. TSH 1.290 3/23/20. He is not anticoagulat; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Has history of hypertension and hyperlipidemia.;Has been complaining of CCS class III angina.;Patient has been c/o chest pain on exertion, 4/10 in intensity, gets better at rest. no radiation. Denies any shortness of breath or palpitations. No syncope.D; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	He has intermittent left sided chest pain that occurs intermittently and does not radiate. He reports occasional palpitations but states it doesn't last long and is not bothersome. He reports dizziness if he gets up too quickly. He was recently started ; This study is being ordered for Vascular Disease.; 04/27/2020; There has not been any treatment or conservative therapy.; Chest Pain w/ no relieving factors. ;;Dizziness when standing 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	hist of a-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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	History of MI 06/14/19, Hypertension, TIA, Myocardial Bridging, recurrent Angina worsening. Tobacco Dependence.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Holter was ordered due to an episode of syncope that occurred when he was bending over. Has had 3 or 4 episodes in the past. ;He had been having dizzy/lightheaded spells prior to his syncopal episodes.;He states he has a history of a heart murmur.;;A; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	hx diabetes, hypertension, hypothyroid;;chest discomfort;;positive family hx of heart disease;;bmi 32; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	hx of STEMI, htn, CAD, dyslipidemia, chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	hypertension, hyperlipidemia, cad w stent, cp; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	hypertension, hypertensive heart disease, pulmonary hypertension, aortic root dilatation, tricuspid regurgitation, pulmonary insufficiency, AICD, history of atrial flutter, and hyperlipidemia. Patient reports episodes of precordial chest pain, describe; 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 20 to 29	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	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);	Radiology Services Denied Not Medically Necessary	hypertension; This study is being ordered for Vascular Disease.; Severe multivessel disease with cardiomyopathy: Improved with revascularization and medications.;2.Hypertension: Not at goal. We will increase hydralazine from 10 to 25 twice a day.;3.Syncope of unknown cause. We will plan an event monitor again. ; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	atherosclerotic CAD. Intramyocardial bridge of the mid LAD. Slow coronary flow consistent with endothelial dysfunction. LVEDP: 12 mmHg. The left ventriculography was not performed, RNA showed EF: 64%.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; cad dx in 2016; There has been treatment or conservative therapy.; Chest pain - Has been complaining of CCS class III angina.- Will get Nuclear stress test and 2d echo to evaluate for ischemia.;chest pain on exertion and shortness of breath when walking.;;LHC (09/28/2016) 1 vessel moderate atherosclerotic CAD. Intram; Coronary arteriosclerosis in native artery - c/o chest pain and dyspnea. Will get NST.;;Had moderate one-vessel CAD diagnosed in 2016. Continue carvedilol, statin, aspirin.;;I25.10: Atherosclerotic heart disease of native coronary artery without angina pe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	Mary L Pacheco is a 75 y.o.female;Mary L Pacheco is a 75 y.o.female with a past medical history of CAD S/P PCI of LAD, HTN, and hyperlipidemia. She is here today for a 6 month follow-up. Since I last saw her she has done poor. She denies any hospital or ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Mary Norman is a 38 y.o. female with a history of dyslipidemia here for evaluation of chest pain. Complains of episodes of right shoulder pain that radiates to chest. States symptoms worsen with emotional stress. Also states she was told CXR showed slig; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Mr. Perry Marklin Gauntt has some worrisome complaints of chest pressure with significant CAD risk factors (gender, age, dyslipidemia and family history). In addition, had some calcifications seen on X-rays back in 2014.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Mr. Ricky Ray is a 54-year-old male with a history of coronary artery disease. Most recent heart cath in 2018 showed nonobstructive disease. The patient has a history of psychogenic CVA a couple of years ago.; Overall, he is doing well. He does have; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	Mrs Roberts comes in for initial evaluation. She words with Dr. Lochala. She has history of diabetes and hyperlipidemia. She also has family history of heart disease with father having heart attack in his 40s. She recently had episode of some chest discom; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Mrs. Manning has a history of coronary artery disease, and an abnormal EKG. She has chest pain, shortness of breath, fatigue, edema, paresthesia, and palpitations. She also has COPD and severe arthritis in her knees, back, and legs. Those factors would ma; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Mrs. Moss is having new and worsening symptoms such as chest pain, shortness of breath on exertion and at rest, palpitations, nausea, dizziness, edema, fatigue, and bilateral leg pain. Mrs. Moss's EKG shows ST changes and her previous EKGs have shown prem; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Ms. Jones comes in for initial evaluation with me. She has cardiac risk factors of hypertension and hyperlipidemia. She also smokes. She has family history of heart disease with her brother having MI at 35 and dying. Her sister had stroke after open heart; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Ms. Treat is a 39 year old nulligravida menstruating lady (home health) with significant history for HTN, GERD, h/o lipoma (s/p resection, Broadwater, UAMS 27 lb) mild intermittent asthma, and continued tobacco abuse, followed by Angela Dodd APRN, referr; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	n/a; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	NEEDING STUDIES TO DETERMINE TX; This study is being ordered for Vascular Disease.; PT C/O SYNCOPE WEAKNESS AND FATIGUE. KNOWN MITRAL VALVE DISEASE, TRICUSPID REGURGITATION, DIASTOLIC AND SYSTOLIC HF. HAVING AFIB AND BRADYCARDIA. LAST KNOWN EF 20-25%.; There has been treatment or conservative therapy.; SYNCOPE, WEAKNESS, 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	New patient had two episodes syncope February 20 th, hurt her head, went to ER Saline, no evidence MI, episodes lasted minutes, she has anxiety, no chest pains, no palpitations , has hyperlipedemia, no hypertension, dyspnea with exertion and fatigue, no a; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	New patient, chest pain 1 year, precordial area, squeezing, lasts one minute, no radiation, associated at times with dyspnea, average one episode a week. history of smoking but not currently active smoker, no diabetes. patient has hypertension, hyperlipid; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	No Stress Echocardiograms done within 60 mile radius.; #1 angina: He's been having symptoms of chest discomfort over the past 2 months. Bulk of the episodes occur with activity. Once he starts doing activity feels a pressure in the center of his chest. Quite often; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	PACEMAKER ELECTRICAL SHOCKS, ISCHEMIC CMOP; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	patient has been having frequent episodes of chest pressure, that is centrally located, had shortness of breath, patient has cancer and is 76 years old; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Patient has CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	patient has chest pain with shortness of breath, falls at rest sometimes syncope, she is obese, BMI of 37.76, smokes 1/2 pack a day, has hypertension, fatigue and hypertensive heart 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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	Patient unable to walk on TM. Had episode of syncope and 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	PATIENT WITH CP, HTN, SOB, WEAKNESS AND FATIGUE. KNOWN BRADYCARDIA, PERICARDITIS AND PERICARDIAL EFFUSION. EVENT MONITOR SHOWED PVCs, PACS AND NSR.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	Patient with known CAD and previous PCI to LAD. Having atypical CP.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	pt has CAD with Chest pain 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 30 to 39	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	pt has dyslipidemia; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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;Hypertensive heart disease;Atherosclerotic Heart Disease Of Native Coronary Artery With Other Forms Of Angina Pectoris;Other specified symptoms and signs involving the circulatory and respiratory systems;Other Abnormal Glucose; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 IS A CURRENT EVERY DAY SMOKER; OBESITY; PT ALSO COMPLAINS OF BIL SHOULDER AND ARM PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; NEW ONSET CHEST PAIN THAT IS INTERMITTENT AND FEELS LIKE PRESSURE TO MIDSTERNAL CHEST AREA; PALPITATIONS THAT FEEL LIKE HER HEART IS RACING AND CAUSES DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	Pt with chest pain, multiple significant risk factors for ischemic heart disease. unable to walk on treadmill due to cervical spine spinal cord injury.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Recurrent shortness of breath that has been progressive over the past 2 years. She was seen 2 years ago. Underwent stress echo in 08/2018 that was low risk with left ventricular ejection fraction of 55-60%. She did not follow up with us. She comes in ; This study is being ordered for Vascular Disease.; Recurrent shortness of breath that has been progressive over the past 2 years. She was seen 2 years ago. Underwent stress echo in 08/2018 that was low risk with left ventricular ejection fraction of 55-60%. She did not follow up with us. She comes in ; There has not been any treatment or conservative therapy.; sob;htn; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Regina Conrad is a 60 y.o.female;Regina Conrad is a 60 y.o.female with a past medical history of COPD, MVP and active smoking. She returns today for a 6 month follow up. She does not exercise and eats a regular diet. She complains of moderate to severe S; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Rita Gresham is a 41 y.o.female with a history of migraines and HTN. Since I last saw her she has done fair. She denies and hospital or ER visits. She complains of palpitations lasting a few seconds and resolving on their own. She complains of SOB with ex; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	sob and chest pain.;for 2 months had orthostatic syncope, had also 2 years ago an episode. non smoker. does have fm hx of cad in their 40's; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	SOB AND EVAL FOR INDUCIBLE ISCHEMIA; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; EXPERIENCING WORSENING SOB W/ EXERTION, CHEST DISCOMFORT, W/ LIGHTHEADEDNESS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	SOB; NEAR SYNCOPE;ANGINA SMOKER;CHRONIC BACK 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 20 to 29	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	SSS - Ms White is a 58 yr old female who presents for new patient evaluation. Reports bradycardia with heart rates 40s. Reports episode of feeling very hot with near syncope. Symptoms resolved with sitting. She presents today with complaints of short of ; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Suspect pt to have CAD ordering MPS to evaluate for ischemia. Due to shortness of breath ordering Echo to evaluate cardiac function and structures.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/17/2020; There has not been any treatment or conservative therapy.; Sharp left sided chest pain, shortness of breath w/ 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	SYNCOPE, CHEST PAIN , DOE; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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 40 or greater	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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.	31 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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.; TWO WEEKS AGO; There has not been any treatment or conservative therapy.; CHEST PAIN; LOWER EXTREMITY EDEMA; UPPER EXTREMITY EDEMA WITH PAIN, NUMBNESS, AND TINGLING; SHORTNESS OF BREATH; DIZZINESS; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Treadmill stress test is abnormal. It demonstrated hypotension wall motion abnormality,EKG changes are abnormal, Pt has chest pain SOB and dyspnea; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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);	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 06/21/2020; There has not been any treatment or conservative therapy.; Syncope and 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	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.; SOB ON EXERTION, 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	VALVULAR STRUCTURE; This study is being ordered for Vascular Disease.; 03/01/2020; There has not been any treatment or conservative therapy.; SOB/ W/ EXERTION, HTN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	WILL FAX ADDT'L 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.; PAST FEW MONTHS; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; FATIGUE, DIAPHORESIS; DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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);	Radiology Services Denied Not Medically Necessary	WILL FAX ANY ADDITIONAL CLINICAL INFORMATION; This study is being 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; SHORTNESS OF BREATH; CAD; occasional dizziness, and lower extremity edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NOT SURE WHAT DAY STARTED WAS LAST SEEN IN OFFICE ON 06/18/2020 WITH COMPLAINTS OF SOB WITH WALKING; There has been treatment or conservative therapy.; Dyspnea on exertion -;Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R06.09: Other forms of dyspnea;NM, MYOCARDIAL PERFUSION SCAN, MULTIPLE;US, ECHOCARDIOGRAM, TRANSTHORACIC, COMPLETE, W/ COLOR FLOW; Coronary arteriosclerosis - -S/P PCI to the RCA and LAD in 7/2018.;C/O SOB ON EXERTION.;Will get NST to ro ischemia.;Cont asa, plavix.; Hypertensive disorder - Blood pressure is well controlled.;-Continue carvedilol and hydrochlorothiazide 25 mg dai; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	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.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; PT HAVING SOB AND CHEST DISCOMFORT WITH A HX OF CAD NSTEMI S/P PCI to the LCx, OM and RPL. HX HTN, HYPERLIPIDEMIA, LEFT VENTRICULAR HYPERTROPHY, DIAGNOSTIC HEART FAILURE & DIABETES.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; He has a history of kidney disease, uncontrolled HTN.;C/o chest pain while lying down. Shortness of breath with and without activity. Bilateral LE edema.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 9/6/2014; There has been treatment or conservative therapy.; Preop clearance; given limited mobility and multiple risk factors for CAD will proceed with echo and pharm MPI before providing clearance.; 1. Preop clearance; given limited mobility and multiple risk factors for CAD will proceed with echo and pharm MPI before providing clearance. ;2. PVD; hx of PTA in 2018. C/o claudication like symptoms. No indication of acute limb ischemia on exam. Encour; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; LATELY; There has not been any treatment or conservative therapy.; SOB W/ SEVERE 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	reports that his blood pressure is normally controlled.;Continue current medications for now.;!10: Essential (primary) hypertension;ELECTROCARDIOGRAM;;2. Dyspnea - ??Anginal equivalent;DDX: body habitus, vs.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 MONTHS AGO; There has been treatment or conservative therapy.; This is a 63 y/o patient who was referred today for shortness of breath on exertion. Mr. Hilton has noticed worsening sob of exertion for the past 6 months, with light exertional activities. It is aggravated by activities, and relieved by rest. He denies ; This is a 63 y/o patient who was referred today for shortness of breath on exertion. Mr. Hilton has noticed worsening sob of exertion for the past 6 months, with light exertional activities. It is aggravated by activities, and relieved by rest. He denies ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	Abdominal aortic aneurysm; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	All studies are requested as part of pre TAVR eval for this severe aortic valve stenosis patient.; This study is being ordered for Vascular Disease.; 3/25/2013; There has not been any treatment or conservative therapy.; Aortic valve stenosis, mitral valve regurgitation, chronic a-fib, congestive heart failure, and 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	CAD: On aspirin, statin and carvedilol.;Patient has been c/o chest pain on exertion, 4/10 in intensity, gets better at rest. no radiation. No syncope.Denies any claudication.; CAD, hypertension, hyperlipidemia;CAD: Y - last heart cath 9/19', stents x2 ; This study is being ordered for Vascular Disease.; IN 2011; There has been treatment or conservative therapy.; chest pain, and fatigue.;Past Medical History;CAD: Y - last heart cath 9/19', stents x2 11', x1 12';CHF: Y - Diastolic/systolic dysfun 35% EF Echo 9/19';Hyperlipidemia: Y;Hypertension: Y;Cardiovascular Surgery - Heart Stent x2 11/2011 and 01/2012;C; STENT PLACEMENT 2011 AND 2012, 2018 AND ALSO IN 2019 ;ON A STATIN, LISINOPRIL AND METOPROLOL FOR HIGH BP, ALSO ON LISINOPRIL AND COREG FOR 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Catherine M Akers is a 66 y.o. female with a history of hypertension and dyslipidemia here for evaluation of chest pain. Complains of intermittent episodes of substernal chest pain over the last several years. States in February, she went to the bathroom; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	chest discomfort/ hx of mitral vegetation/ mitral valve replacement; This study is being ordered for Vascular Disease.; 2019; There has not been any treatment or conservative therapy.; sob/valve vegetation;/ One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	chest pain; This study is being ordered for Vascular Disease.; 5/26/20; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	CLINICALS WILL BE FAXED--RENDERING FACILITY DOES NOT OFFER STRESS ECHOCARDIOGRAM; This study is 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 THE PAST YEAR; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; FREQUENT DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	CLINICALS WILL BE FAXED. FACILITY DOES NOT OFFER STRESS ECHO; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 MONTHS; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; NAUSEA; VOMITING; ARM NUMBNESS; NEAR SYNCOPE; DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Coronary arteriosclerosis in native artery. Hyperlipidemia Has been complaining of CCS class III angina; This study is 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 been treatment or conservative therapy.; chest pain on exertion; CAD: Admitted for NSTEMI 08/18: Cardiac cath was done s/p PCI to RCA using DES.; Patient has been c/o chest pain on exertion, 4/10 in intensity, gets better at rest. no radiation. Denies any shortness of breath or palpitations. No syncope. Denies any claud; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	diabetic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/27/2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, minor syncope episodes, hypertension.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a 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 NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2020; There has been treatment or conservative therapy.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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.; months to years; There has not been any treatment or conservative therapy.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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.; Recent; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 04/23/2020; There has not been any treatment or conservative therapy.; Pt ahs chest pain, SOB, palpitation, fatigue. Family history of 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	EVALUATION OF CARDIAC VALVES ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	He has intermittent left sided chest pain that occurs intermittently and does not radiate. He reports occasional palpitations but states it doesn't last long and is not bothersome. He reports dizziness if he gets up too quickly. He was recently started ; This study is being ordered for Vascular Disease.; 04/27/2020; There has not been any treatment or conservative therapy. ; Chest Pain w/ no relieving factors. ;;Dizziness when standing 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	History of inferior MI and PCI to RCA in 2019 with some back and chest discomfort: We will obtain an echocardiogram and MPI.;2. Possible neuropathy pain with numbness and tingling in his feet: We will refer to Dr. South, neurology, as he had seen Dr. ; This study is being ordered for Vascular Disease.; 02/11/19; There has not been any treatment or conservative therapy.; chest pain, arteriosclerosis of coronary 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	HX OF STENTS; This study is being ordered for Vascular Disease.; CONTINUED; There has not been any treatment or conservative therapy.; SOB/DYSPNEA/CAD W/O ANGINA/ HX OF STENTS/ ABN 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	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	hypertension; This study is being ordered for Vascular Disease.; Severe multivessel disease with cardiomyopathy: Improved with revascularization and medications.;2.Hypertension: Not at goal. We will increase hydralazine from 10 to 25 twice a day.;3.Syncope of unknown cause. We will plan an event monitor again. ; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	atherosclerotic CAD. Intramyocardial bridge of the mid LAD. Slow coronary flow consistent with endothelial dysfunction. LVEDP: 12 mmHg. The left ventriculography was not performed, RNA showed EF: 64%.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; cad dx in 2016; There has been treatment or conservative therapy.; Chest pain - Has been complaining of CCS class III angina.;- Will get Nuclear stress test and 2d echo to evaluate for ischemia.;chest pain on exertion and shortness of breath when walking.;;LHC (09/28/2016) 1 vessel moderate atherosclerotic CAD. Intram; Coronary arteriosclerosis in native artery - c/o chest pain and dyspnea. Will get NST.;;Had moderate one-vessel CAD diagnosed in 2016. Continue carvedilol, statin, aspirin.;;I25.10: Atherosclerotic heart disease of native coronary artery without angina pe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	nonw; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2020; There has been treatment or conservative therapy.; SOB, fatigue , heart failure; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Palpitations - Unclear if she is having PVCs, vs. SVT. Or if these are related to hypertension at all?;Because her episodes are so random, I think getting a 30d monitor would be best. We also did talk about possible LINC implant also if monitor is unreve; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 has multiple risk factors for coronary artery disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a year or 2 ago he had a full work-up done at the VA where they had done an ultrasound of the heart and told him that 1 of his valves were not functioning properly; There has not been any treatment or conservative therapy.; throbbing left precordial chest pain that is persistent worse 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	PT IS A CURRENT EVERY DAY SMOKER; OBESITY; PT ALSO COMPLAINS OF BIL SHOULDER AND ARM PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; NEW ONSET CHEST PAIN THAT IS INTERMITTENT AND FEELS LIKE PRESSURE TO MIDSTERNAL CHEST AREA; PALPITATIONS THAT FEEL LIKE HER HEART IS RACING AND CAUSES DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	PT WITH HTN;OBSEITY;SOB 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	R07.9; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Recurrent shortness of breath that has been progressive over the past 2 years. She was seen 2 years ago. Underwent stress echo in 08/2018 that was low risk with left ventricular ejection fraction of 55-60%. She did not follow up with us. She comes in ; This study is being ordered for Vascular Disease.; Recurrent shortness of breath that has been progressive over the past 2 years. She was seen 2 years ago. Underwent stress echo in 08/2018 that was low risk with left ventricular ejection fraction of 55-60%. She did not follow up with us. She comes in ; There has not been any treatment or conservative therapy.; sob;htn; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	renal vascular hypertension, type 2 diabetes, hyperlipidemia, HTN, hx of CVA; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	STABLE ANGINA, HAS SOB WITH EXERTION, STATUS POST CABG/CAD/ATRIAL FIB/PCI/HTN/HPLD; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Suspect pt to have CAD ordering MPS to evaluate for ischemia. Due to shortness of breath ordering Echo to evaluate cardiac function and structures.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/17/2020; There has not been any treatment or conservative therapy.; Sharp left sided chest pain, shortness of breath w/ 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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 a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x- ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.; This is for initial diagnosis of congenital heart disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	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.; This is fora 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	20 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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.; TWO WEEKS AGO; There has not been any treatment or conservative therapy.; CHEST PAIN; LOWER EXTREMITY EDEMA; UPPER EXTREMITY EDEMA WITH PAIN, NUMBNESS, AND TINGLING; SHORTNESS OF BREATH; DIZZINESS; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	unknown; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	Unknown; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 06/21/2020; There has not been any treatment or conservative therapy.; Syncope and 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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.; 3 TO 4 MONTHS; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; NEW ONSET OF DIZZINESS WITH NO ASSOCIATED SYMPTOMS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	weight loss.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	WILL FAX ADDT'L 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.; PAST FEW MONTHS; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; FATIGUE, DIAPHORESIS; DIZZINESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	WILL FAX ANY ADDITIONAL CLINICAL INFORMATION; This study is being 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; SHORTNESS OF BREATH; CAD; occasional dizziness, and lower extremity edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R06.09: Other forms of dyspnea;shortness of breath when walking; dizziness.;Patient has been c/o shortness of breath on moderate exertion which gets better at rest. . Denies any chest p; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial valve, pacemaker, ASD closure device etc).; The patient is 18 years of age or older.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	and patient is diabetic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/2020; There has not been any treatment or conservative therapy.; Chest Pain And hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	Radiology Services Denied Not Medically Necessary	Cath in 2018; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	Type 2 Diabetes; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The sudy is ordered for pre-operative evaluation	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 completed 6 weeks or more of Chiropractic care.; OTC ANTI INFLAMMATORY MEDICATION	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; The requested study is a Shoulder MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; The study is not requested for shoulder pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Chiropractic Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material	06/19/20; There has been treatment or conservative therapy.; no symptoms, mass found while a screening colonoscopy was performed; screening colonoscopy with multiple biopsies; large rectal mass, biopsied multiple times with cold biopsy forceps; mild colitis of the sigmoid colon; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Colon & Rectal 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Hx anal fistulas S/P eua; This is a request for a Pelvis MRI.; Surgery is not planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Per Colonoscopy on 6/19/2020 Large rectal mas-multiple cold biopsies obtained.;Sigmoid colitis, which I think is prep induced-biopsy obtained.;External hemorrhoids; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	06/19/20; There has been treatment or conservative therapy.; no symptoms, mass found while a screening colonoscopy was performed; screening colonoscopy with multiple biopsies; large rectal mass, biopsied multiple times with cold biopsy forceps; mild colitis of the sigmoid colon; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Dermatology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Dermatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Dermatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 11/15/2019; There has been treatment or conservative therapy.; low back pain, and left leg pain. 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 11/15/2019; There has been treatment or conservative therapy.; low back pain, and left leg pain. 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient had a previous c2 fracture & has 2 screws in the odontoid. 1 of the screws is broken.; This is a request for 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.; His reflexes are symmetric in his upper extremities. He does have a referral pattern of pain down into the c5 & c6 dermatomes subjectively.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has neck pain with left upper extremity numbness/weakness. Faxing patient records once online request is completed.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has cervical limitation in extension. Physical therapy has noted pain, numbness & tingling as well.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient having neck pain has worsening enlarging neurofibroma; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	R/O ROTATOR CUFF 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.; 05/04/2020; There has been treatment or conservative therapy.; PAINDECREASE RANGE OF MOTION; PTMEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast		The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Unknown	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	serve 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.; 06/10/2019; There has been treatment or conservative therapy.; none; pt, stretches, heating pads, meds, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	serve 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.; 06/10/2019; There has been treatment or conservative therapy.; none; pt, stretches, heating pads, meds, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 03/25/2020; There has been treatment or conservative therapy.; OSTEOARTHRITIS OF BOTH SHOULDERS; 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	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency 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.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient has failed a course of anti- inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	HYPOBERIC OXYGEN THERAPY. DIABETIC, FOOT ULCER, XRAY ON 3/20-POSSIBLE OSTIO AND MRI NEEDED.; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain and rectal bleeding doctor think patient might have an absence; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Thyroid 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	Thyroid 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; The patient was initially diagnosed with adrenal nodule 2017 and hyperparathyroidism in 2017.;His adrenal nodules was seen on MRI and had FNA-benign. He is due for MRI of the adrenal glands.;Adrenal lab testing in the past showed it was non functioning	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; MRI scanning is not locally available to the patient is the reason an MRI is not being considered	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt has had recent 18 lb weight gain and has noticed excessive facial hair. She c/o burning in her hands and feet, along with numbness, tingling and frequent headaches/migraines. She admits to SOB and palpitations, wheezing and daytime sleepiness. She has ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	02/05/20 CT Report.;Prominent but nonspecific probable lymph node anterior mediastinum. No other evidence of significant adenopathy. Mild upper lung emphysematous change. If patient has previous outside ;chest CT to compare that would be helpful. Otherw; "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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient had a MRI that showed a adrenal nodule; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Endocrinology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Review of Systems ;Constitutional: Negative for activity change, appetite change, chills, fatigue, fever and unexpected weight change. ;HENT: Positive for sore throat. Negative for congestion, dental problem, ear discharge, ear pain, facial swelling, he; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	pt had colonoscopy on 6/24 showed proximal ascending colon mass; There has not been any treatment or conservative therapy.; iron deficiency anemia , type 2 DM, BE HTN, mixed hyperlipidemia, cad, HYPONATREMIA, vid D deficiency, abn rbc; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	unknown; This study is being ordered for trauma or injury.; 02/2020; There has been treatment or conservative therapy.; weight. loss, left upper quadrant pain, left sided chest pain, abdominal pain, hurts to breath, loss 10 pounds; x rays showing no rib fracture, medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Spleen; The patient had an Ultrasound.; The Ultrasound results were equivocal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	unknown; This is a request for an Abdomen CT.; This study is being ordered for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	unknown; This study is being ordered for trauma or injury.; 02/2020; There has been treatment or conservative therapy.; weight loss, left upper quadrant pain, left sided chest pain, abdominal pain, hurts to breath, loss 10 pounds; x rays showing no rib fracture, medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	76YOF WITH CHRONIC ABD PAIN, GERD, REFLUX AND DIARRHEA; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abnormal ultrasound; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Chronic constipation - will r/o obstructive process(narrow caliber) Abdominal pain - ?IBS-C, Linzess if CT unremarkable.RLQ, intermittent, cramping, severe, non radiating, improves with BM.passes hard stools, straining, bloating/gas;no improvement with m; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	L UPPER QUAD AB PAIN AND DIARHEA X2 WEEKS3 WATER STOOL BM / DAYAB PAIN WORSENING WHEN EATING - SHARP PAIN; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	N ON PREDNISON TAPER WITH LITTLE BENEFITS;;CURRENTLY ON MESALAMINE AND CANASA SUPPOSITORIES AND NIFEDIPINE;CREAM WITH PERUVIAN FOR RECTAL PAIN;Duration of Medications;; NEW MEDS JUST INITIATED;Reason for Study: R/O OBSTRUCTION OR INFECTIOUS PROCESS; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	nausea , vomiting and liver enzymes; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient continues to have unexplained weight loss and abdominal / LLQ pain. Abdominal Ultrasound was unremarkable. Patient weight trend as follows;;2/18/2019 - 186 pounds;;6/18/2019 - 168 pounds;;2/18/2020 - 154 pounds;;Total of 32 pounds over t; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt ahs diarrhea, nausea, abdominal cramping, history of diveticulitis.; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt had colonoscopy on 6/24 showed proximal ascending colon mass; There has not been any treatment or conservative therapy.; iorn deficiency anemia , type 2 DM, BE HTN, mixed hyperlipidemia, cad, HYPONATREMIA, vid D deficiency, abn rbc; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	rule out cancer, Pancreatic. Pt has pain radiating into back.; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The Pt alcohol induced acute pancreatitis. 03/2019 first episode. Two episodes since then. CT abd pelv 08/2019 abnormal.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a follow up visit. The problem is ongoing. The onset was chronic. The severity is moderate. The location is epigastric and LUQ. He is experiencing bloating, heartburn and reflux, but not back pain, change in stool color/caliber, blood in stool, we; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; Reason: ELSE (system matched response); clinical questions bypassed; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; Reason: ELSE (system matched response); UNKNOWN; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; It is not known if there is known or suspicion of an abdominal aortic aneurysm.; There is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Gastro-esophageal reflux disease without esophagitis DefaultType K27.9 Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation DefaultType R19.5 Other fecal abnormalities; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	us was done; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	abnormality seen on CT scan, hypodensity seen on liver. CT recommends further testing to determine cause/diagnosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/25/20; There has not been any treatment or conservative therapy.; nausea, vomiting, diarrhea, abdominal pain, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	New DOS, please uphold the decision from tracking # 112119329.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Patient w/ fistulizing Crohn's disease s/p esophagectomy w/ recurrent esophageal strictures; off treatment for IBD; need to assess disease activity; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.";	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; Common ducts are dilated this tapers closer to pancreas.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites."; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; A lipase abnormality was noted.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; It is not known if the study is for follow up or staging.; It is unknown if the patient had chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; mri mrcp for follow up pancreatic cyst	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed more than 6 months ago.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Enter answer here - or Type In Unknown If No Info Given. &gt;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Pancreatic lesion on previous MRA on 10/23/19 requires follow-up.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Enter answer here - or Type In Unknown If No Info Given. It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; It is not known whether this patient has undergone an attempted but incomplete conventional colonoscopy.; It is not known if this patient has a known obstructing colorectal cancer.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast	Enter answer here - or Type In Unknown If No Info Given. This CT Colonoscopy is being ordered for diagnostic purposes; It is unknown if the member had any colon screening studies completed prior to this request	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing;	Enter answer here - or Type In Unknown If No Info Given. This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	records from Mercy, ?musculoskeletal, avoid NSAIDs(uses infrequently already);R10.12: Left upper quadrant pain;;2. Nausea - further plan based on MRI findings;if unremarkable, EGD;R11.0: Nausea;;3. 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.; 2019? was first seen by dr devaki in 03/2020; There has been treatment or conservative therapy.; 42 year old referred to GI clinic for evaluation of abdominal pain;Pain is mild, usually in the LUQ, upto 3/10, intermittent, associated with mild nausea;Has h/o kidney stones;Was diagnosed with H.pylori last year, s/p triple therapy, confirmed eradica; Mild extrahepatic biliary dilatation. Occult stone or lesion cannot be excluded.;42 year old referred to GI clinic for evaluation of abdominal pain;Pain is mild, usually in the LUQ, upto 3/10, intermittent, associated with mild nausea;Has h/o kidney st; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan,	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Patient has fatty liver based on sono appearance of liver; explain that fatty liver can cause scarring that can lead to liver dysfunction, cirrhosis, cancer and death but most of the time it does not. advise to maintain ideal body weight, avoid all ETOH ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	recommended from previous abnormal imaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; '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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is not a known tumor.; 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."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	abnormality seen on CT scan, hypodensity seen on liver. CT recommends further testing to determine cause/diagnosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/25/20; There has not been any treatment or conservative therapy.; nausea, vomiting, diarrhea, abdominal pain, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	Patient's colonoscopy form 5/28/20 showed Crohn's disease.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	will fax; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hepatitis B - without hepatic coma - chronic, Abnormal Imaging,;Hepatoma Surv; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Need to rule out colon inertia and pelvic floor dysfunction. Cannot rule out Hirschprung's disease.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Since last visit the patient states the pain has persisted. Regarding loss of appetite. Symptoms have remained the same. Regarding weight loss, patient states that she is continuing to loos weight. Regarding nausea, patient states that symptoms persist.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; Reason: ELSE (system matched response); weight loss ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	will fax; This is a request for an Abdomen and Pelvis CT.; 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 are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	records from Mercy, ?musculoskeletal, avoid NSAIDs(uses infrequently already);R10.12: Left upper quadrant pain;;2. Nausea - further plan based on MRI findings;if unremarkable, EGD;R11.0: Nausea;;3. 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.; 2019? was first seen by dr devaki in 03/2020; There has been treatment or conservative therapy.; 42 year old referred to GI clinic for evaluation of abdominal pain;Pain is mild, usually in the LUQ, upto 3/10, intermittent, associated with mild nausea;Has h/o kidney stones;Was diagnosed with H.pylori last year, s/p triple therapy, confirmed eradica; Mild extrahepatic biliary dilatation. Occult stone or lesion cannot be excluded.;42 year old referred to GI clinic for evaluation of abdominal pain;Pain is mild, usually in the LUQ, upto 3/10, intermittent, associated with mild nausea;Has h/o kidney st; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan,	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	Radiology Services Denied Not Medically Necessary	Patient's colonoscopy form 5/28/20 showed Crohn's disease.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	recommended from previous abnormal imaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Known Tumor.; It is not known if the study is for follow up or staging.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing;	Radiology Services Denied Not Medically Necessary	Eval for diarrhea and constipation.; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of	Radiology Services Denied Not Medically Necessary	patient being evaluated for listing for a liver transplant, imaging is for abnormal cardiac monitoring before transplant.; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of	Radiology Services Denied Not Medically Necessary	Patient being evaluated for listing for a liver transplant. Imaging is for preop for cardiac abnormalities before transplant.; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN	Radiology Services Denied Not Medically Necessary	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70336 Magnetic resonance (eg, proton) imaging,		This is a request for a temporomandibular joint MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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 no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast		; This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for other indications	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/21/2020; It is not known if there has been any treatment or conservative therapy.; The pt has shaking episode on arms & legs & syncope, seizure,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	eye flashes vision impairments dizziness sever headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	headaches along the top of her head, sharp pains on the top of her head and in the frontal region. She had shortness of breath, sore throat, cough. She had chest pain she has had continued SOB, sore throat, cough, chest pain, bloody nose, and sinus pain. ; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	intermittent headache x's 3-4 months, not similar to previous headaches, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	LOSS OF CONSCIOUSNESSFACE DROPPINGNUMBNESSTINGLING; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	NEUROLOGIC: nonfocal, alert and oriented, Babinski absent, cerebellar function normal, cognitive exam grossly normal, cooperative with exam, cranial nerves 2-12 grossly intact, deep tendon reflexes 2+ symmetrical, gait normal, motor strength normal upper ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	no; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Patient fell backwards from his porch yesterday and hit head. Patient was taken to ER and did not have head/neck scanned. Patient is having really bad neck pain when he moves his head along with head pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	PATient has had Hydrocephalus since the age of 4 patient has ventriculoperitoneal Shunt last check was in 2017; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Pt has been having repeated times when shes waking up with facial drooping and Pt is also having daily headaches. and The Dr. it trying to R/O mini strokes; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	see attached office note; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	SEIZURE A FEW DAYS AGOFELL AND HIT HER HEADAND NOT THE SAME; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	the patient has SEVERE claustrophobia, and would not tolerate sedative to complete the test; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Severe Claustrophobia is the reason an MRI is not being considered	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	14 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 infection or inflammation.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for Abnormalities of the eye; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is a Medicare member.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for Vertigo; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered; This is a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; This is a Medicare member.	13	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	6	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	THIS IS THE CASE OF A 52 Y/O BLK FEMALE WITH HISTORY OF CHRONIC HEADACHES , HISTORY OF CHRONIC DIZZINESS IN THE PAST , AND HISTORY OF INVOLVEMENT IN A MVA IN 2012 AND WAS A FRONT SEAT PASSENGER AND NO FRACTURE AT THAT TIME  MRI IN 2016 WAS NEGATIVE FOR CH; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	weakness numbnessheadachechest pain; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	weakness, migraines, fatigue; 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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	L MAXILLARY SINUS PAIN;SINUS IRRIGATION SEVERAL YEARS AGOSINUS PAIN FOR SEVERAL MONTHSCOUGH SOBRED EYESSINUS PRESSURE; "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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	none; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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); Yes this is a request for a Diagnostic CT ; This is a Medicare member.; It has been 28 or more days since onset	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Doctor and patient are very concerned about these masses.; This study is being ordered for trauma or injury.; 05/14/2020; There has not been any treatment or conservative therapy.; Neck pain and abdominal pain. Pt has mass on neck and nodule on her adrenal gland that was seen in a previous CT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	large knot on the right side of his neck. It is visible to the naked eye, and he states his whole neck is tight and painful. He said he took a nap and his head was in an awkward position. The knot was noticed when he woke up.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient fell backwards from his porch yesterday and hit head. Patient was taken to ER and did not have head/neck scanned. Patient is having really bad neck pain when he moves his head along with head pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient has undergone 3 emergency room visits and several clinical visits in the past 3 months for clinical decline. She needs definitive diagnosis and cancer work up/rule out. Please consider this an urgent request for coverage of ct Neck,chest,abd, pelv; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Patient is complaining of pain in the face and jaw. He states the pain started about 1 month ago. Yesterday he noticed an increase in swelling and pain is now severe. Patient has not had any relief with compresses or swishing with salt water.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	right posterior cervical adenopathy (less than 1.5 cm in size, freely movable, nontender).;Alleviating Factors: antibiotics (Doxycycline treatment in Feb 2020 seemed to make lesion get smaller but never resolved.); 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	trauma to vocal cord; This study is being ordered for trauma or injury.; 3-20-2020; There has not been any treatment or conservative therapy.; shortness of breath, hypoxia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	will fax; "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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	New headache- hx of migraines but this episode much different and migraines not really been an issue at all over past year. Given fam hx of AVM and rupture in mother I feel does need MRI/MRA early to rule this out. Will order and precautions given to he; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient presents to clinic with severe left sided headache "worst headache ever". Patient has left sided paresthia and weakness.; This study is being ordered for a neurological disorder.; 5/1/20; There has been treatment or conservative therapy.; Severe headache on left side with left paresthia and weakness.; Tylenol and Motrin and blood work and neurological exam done in office.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	: Tension-type headache;;Patient is here for f/u on tension-type headache. Patient states he has frontal headache and radiates down to his neck. No dizziness, vomiting or nausea.; Muscle spasms of head AND/OR neck ;HAs since about 18 y/o ;race motocr; This 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Because this young man has a several year history of migraine with aura that has never been investigate, he needs Brain MRI w and w/o contrast to rule out a brain lesion that could be causing his symptoms. ;Will trial imitrex. ;He is also advised to get; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chronic paroxysmal hemicrania, not intractable;AnisocoriaAssociated symptoms : ;Aura: yes; ;Congestion: yes; ;Facial pain: yes; ;Llight sensitivity: yes; ;loss of vision: yes, occasionally in one eye may feel swollen;Motor impairment: no, ;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Clinicals attached; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	CT denied by NIA, requesting MRI. intractable headache. dizziness, loss of balance, visual changes, etc. not responding to conservative tx.; This 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	CT of head abnormal;Pt recently had a CT done at the ER after going for dizziness that has been occurring for 2 weeks. The radiologist stated on the CT report that the patient had a "Question of some subtle posterior hypodensity in the white matter left g; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Evaluation of the brain by MRI/MRA. R/O epilepsy ;probable cataloia vs nonconvulsive epilepsy; This study is being ordered for a neurological disorder.; 6/5/20; There has been treatment or conservative therapy.; Weakness, dizziness, Falls. ;Patient states he as black out spells lasting up to 15-20 minutes where he is unable to move. He also reports shaking at times.; Patient had a heart cath 6/5/20 with no changes to symptoms. ;Patient has increasing weakness with falls and headaches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	extreme prolactin level; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	feeling unmotivated, fatigued, and tired, however he appears healthy and has no other complaints just above vitamin deficiencies, autoimmune diseases, or viral-like illnesses. She reports somewhat balanced diet as he does not eat much foods or results. He; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Follow-up; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	History of Arnold Chiari Malformation; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	History of motor vehicle incident, left sided neuralgia of face. No improvement with migraine medications.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	memory loss, confusion, trouble having conversations when have headaches, stuttering. sleep paralysis; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	passing out, change in mental status, face is going numb, vision 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has had a new onset of daily migraines. They have increased in frequency and severity. Patient complains of multiple migraines weekly.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PATIENT HAVING HEADACHE FOR THE LAST 3 WEEKS AND GETTING WORSE AND TO A MIGRAINE AT TIMES - MEDICATION NOT HELPING ANY MORE; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient having uncontrolled headaches that continue to get worse and daily, he is tried Topamax and Apollo which cannot take due to depression. Due to headaches daily requesting MRI due to worsening symptoms; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient presents to clinic with severe left sided headache "worst headache ever". Patient has left sided paresthia and weakness.; This study is being ordered for a neurological disorder.; 5/1/20; There has been treatment or conservative therapy.; Severe headache on left side with left paresthia and weakness.; Tylenol and Motrin and blood work and neurological exam done in office.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient with known spinal cord tumor. pain has shifted to different areas. +numbness. imaging needed to determine size and location of prior tumor and to rule out additional masses/tumors.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	presents with migraine headache which is severe and throbbing. Associated symptoms include nausea, phonophobia, photophobia and vomiting.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Progressive memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pt passed out while driving; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt complains of having a lot of dizziness. He states that it has been going on for about 6 weeks. He states that he is having nausea and vomiting with the dizziness. He states that he has been taking Zofran, Antivert and Meclizine prescription for his sx.; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt has had several seizures in the past 2 months. reports occurred while sleeping, lost of urinary incontinence. Also complains of having lots of headaches. No improvement with taking Tylenol. Pt has EEG scheduled with Neurologist in June 2020 with Dr; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pt has tried topamax and propranolol for migraine control. Pt reports that they did not help. He has been using tramadol prn for abortive therapy. I have discontinued tramadol and started pt on imitrex. pt reports that he is having at least 3 migraines/we; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Recurrent migraine type headaches with no previous imaging performed. Recurrent chronic neck pain with only xray done; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	short term and long term memory loss, amnesia; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	some dizziness and daily headaches. ;Started with physical violence with spouse 3 years ago. ;She has continued to have symptoms since then. ;Vision has also progressed to blurriness. Both eyes. ;Vision evaluated and no defects that glasses arent corr; This 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Tenderness and numbness on the right upper extremity headach feels hot poker; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	15 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	16 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	13 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	5 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; None of the above best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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).	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 being ordered as a 12 month annual follow up.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	18 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 an aneurysm.; This study is being ordered for neurological deficits.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 an aneurysm.; This study is being ordered for neurological deficits.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	5	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Tremors, and unsteady on feet, change in sensation; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unkown; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 10/11/2019; There has been treatment or conservative therapy.; Weight loss, malnutrition; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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.; couple of months before 3/26/2020 (first visit); There has not been any treatment or conservative therapy.; Granulomas 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; ; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	15 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	1 CM R LOWER LOBE NODULE ON PREVIOUS 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	4/4/2017; There has been treatment or conservative therapy.; Chest pain, Chest nondual, history of rectal cancer.; Radiation therapy, Colonoscopy, excision.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	6 MONTH FOLLOWUP-FIRST FOLLOWUP. LAST ONE WAS 10/16/2019 SHOWED A 1CM NODULE IN LINGULA. NEVER A SMOKER.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	8	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	10 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abnormal scarring on x-ray; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	chronic cough that has been for several years now. It occurs throughout the day and night. When she lays down it triggers and then goes away. She did not notice any change with Spiriva, but she does feel Symbicort has helped somewhat for her cough. She ; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Continued; This is request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	COUGH AND SHORTNESS OF BREATHE HEMOPTYSIS; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	ct of the 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	cta finding 8mm right lung nodule repeat scan after 6-1 mo see if growing; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CXR is abnormal and has suspected mass and is short of breath. Pt does not have Covid, needs CT to further evaluate 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CXR showed questionable nodule l/mid field, hx of ovarian cancer.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CXR shows 1.5 cm right ANTERIOR ASPECT upper lung nodule PARTIALLY VISUALIZED SUGGESTIVE OF CENTRAL CALCIFICATION WITHIN THE NODULE LIKELY REPRESENTING A GRANULOMA 5/17/2020, ADDITIONAL 3MM NODULE IN THE SAME RIGHT UPPER 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	10	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/30/2019; There has not been any treatment or conservative therapy.; night sweats 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	f/u nodules. will upload clinicals; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Finding on chest xray showed increase in size of pulmonary nodule in the upper right lobe. Radiologist is recommending Further imaging.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	follow to an anyrsum; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	follow up for ct 9/2019; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW UP ON 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	HAS CT 6 MONTHS AGO THIS IS A 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Last CT Low Dose Lung Screening was done on 3-17-2020. Pulmonary findings: No pulmonary consolidation or pleural effusion. Moderate centrilobular emphysematous changes. LEFT LOWER LOBE 7mm noncalcified pulmonary nodule that was not present previously. Rec; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	LDCT in January abnormal finding in lung field.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung mass on xray. CT chest recommended; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	LUNG NODULE ON CT AB AND PEL.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	No Info Given; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Nodule was found and this is a follow up appt. to verify if nodule has grown.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	none; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	none; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had a chest x-ray on 05/18/2016, impression low density soft tissue nodule at the lateral left lung base indeterminate for malignancy versus poorly calcified granuloma.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient has had a CT chest low dose in 03/20/2019. Due to her history of smoking, radiologist recommended for her to get this done yearly since she is still currently smoking.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has has a CT abdomen pelvis that show several noncalified nodules are present in th 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has nodule in lungs. Patient is diabetic.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has undergone 3 emergency room visits and several clinical visits in the past 3 months for clinical decline. She needs definitive diagnosis and cancer work up/rule out. Please consider this an urgent request for coverage of ct Neck,chest,abd, pelv; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Patient's last CT of chest was in 2018. Patient has been having worsening shortness of breath and suspicious for malignancy.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>persistent chest pain and shortness of breath. Normal chest x-ray, CT in 2018 showing bronchiectasis.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>pt is a 59 yo CF presents with complaints of cough. She was doing pretty good since being on bacrim last month but 3-4 days ago started hurting in the back and coughing up yellowish mucopurulent stuff. When she takes a deep breath it hurts. Is currently ; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>PT is a pack a day smoker for 40yrs she has shortness of breathe and chest pain. And EKG done in office was normal.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt with productive cough for 2-3 months. Patient is a smoker. Chest xray was normal.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	reassessment from CT done in 12/2019; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Recent CXR showed "prominent pericardial fat pads are present. There remains a nodular density above the right central hemidiaphragm which can be seen dating back to November, 17, 2017 without significant interval change. It is not fully characterized on; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	rule out mass, hep c, needs abdominal paracentesis;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	shortness of breath , abnormal x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	shortness of breath, xray of rt lung abnormal per rad recommended ct of chest; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Solitary pulmonary nodule, noncalcified, measures 5.7 mm, 6 month follow-up per Fleischner Society.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	SUSPECTING PLEURAL EFFUSIONPNEUMONIA; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; pt does not exhibit shortness of breath, just slight cough. x-ray returned abnormal. CT is needed for better understanding of what is wrong.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; There was an Xray done and there were nodules that showed up on the xray. Doctor would like to get further testing done to make sure there is nothing wrong.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; will upload clinicals; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	12	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	there was a mass seen on that mri and they need another test; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	THIS IS A 6 MONTH FOLLOW UP OF A PREVIOUS ABNORMAL 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is F/U to Chest CT 6 months ago which showed 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	to determine severity of pneumonia and rib fracture.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Will FAX; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	XR was done one 4/24/20 showed lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Xray shows mild atelectasis v early infiltrate of the right lung. unable to exclude pneumonia.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	pseudoaneurysm of rith axillary artery. eval for treatment is needed.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	16	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	trauma to vocal cord; This study is being ordered for trauma or injury.; 3-20-2020; There has not been any treatment or conservative therapy.; shortness of breath, hypoxia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	patient has never had a ct, ruling out bone spur; The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; Caller does not know how many follow-up Cervical Spine CTs the patient has had.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Asymmetric reflexes.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Abnormal gait.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; PLEASE SEE ATTACHED CLINIC NOTES; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	abn nerve conduction study; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	decreased range of motion with pain present, needs mri for further eval.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/02/2020. last office visit.; There has been treatment or conservative therapy.; neck pain with radiating pain down her shoulder; chiropractor, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Left sided neck pain radiating down her hand Left, Pain numbness and weakness of left upper extremity, Failed several rounds of PT she has had steroid pack and toradol trial Positive spurlings on left and deminished grip strength on Left Plain film of 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.; Pain numbness and weakness of Left Upper extremity she has failed PT Positive Spurlings on left deminished grip strength on Left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>patient has had previous MRI of L-spine showing mild disc bulges at L4-5 and L5-S1 without stenosis. previous MRI of C-spine showed degenerative cervical spondylosis with moderate spinal stenosis at C5-6 and bilateral Foraminal stenosis at C5-6 and C4-5. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; early 2017; There has been treatment or conservative therapy.; Neck pain with weakness and numbness in arms.and lower back pain with weakness and numbness in legs. patient has had progression in symptoms; Muscle relaxers, Tramadol, OTC Tylenol and Ibuprofen, Heat, Ice. Was unable to tolerate Physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient needs further testing from Nerve conduction study which showed radiculopathy at C7.; 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.; Suspect Pinched nerve. Nerve conduction study showed abnormality. patient is experiencing pain and numbness and tingling in both arms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient with known spinal cord tumor. pain has shifted to different areas. +numbness. imaging needed to determine size and location of prior tumor and to rule out additional masses/tumors.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	problems getting worse patient needs surgery; This study is being ordered for a neurological disorder.; 12/01/2019; There has been treatment or conservative therapy.; paresthesia stenosis urinary incontinence placement of stint radiculopathy; meds 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt had MVA on 02/05/2020. She has completed PT and oral medications but continues to have worsening pain and numbness into 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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pt has failed, MUSCLE RELAXERS, PT, NSAIDS, AND STEROIDS, continues to have worsening 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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PT IS HAVING R ARM AND NECK PAIN HAVE TRIED TORADOL INJECTION THAT DIDN'T HELP SHE SAID IT IS WORSE HER R ARM IS GETTING WEAK TRIED NSAIDS MUSCLE RELAXERS ARM STRENGTH IS 3/5 PAINFUL ROM LIMITED NECK AND R ARM ROM; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PT IS HAVING R ARM AND NECK PAIN HAVE TRIED TORADOL INJECTION THAT DIDN'T HELP SHE SAID IT IS WORSE HER R ARM IS GETTING WEAK TRIED NSAIDS MUSCLE RELAXERS ARM STRENGTH IS 3/5 PAINFUL ROM LIMITED NECK AND R ARM 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Suspected spinal nerve compression and or spinal cord compression. Wanting to rule out spinal cord or spinal nerve root compression.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having numbness and tingling and decreased strength on the left side. Patient is having pain on the right side of the neck that is associated with spasm and inability to move her neck. Pain, weakness and tingling started 4 days ago. The patient; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This 51 year old female presents with neck and left arm pain. The pain radiates into the left bicep. She has numbness in the left hand. The neck pain is the most bothersome complaint and has become unbearable. These symptoms worsened over the last 6 month; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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?	7 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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?	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; persistent pain, & 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This started 1 week ago; This is a request for 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 unable to close her fist completely (l hand), complains of numbness and tingling in her pointer and middle fingers on the L hand. Says pain in L arm/hand is constant and it feels as though her hand is always asleep.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	WEAKNESS; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	WILL FAX RECORDS; This is a request for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; PLEASE SEE ATTACHED CLINIC NOTES; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness 2/4 right arm; The 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; muscle weakness, LROM; curvature t-spine;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; tenderness; Pain is present on palpation of the thoracic spine in the midline, no gross bony abnormalities are palpated in the thoracic spine. Extremities: no edema.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient went to pick up a piece of wood and fell down. Now unable to walk. X-ray of thoracic spine shows wedging at T6 Needs followup MRI to rule out compression injury. Lumbar x-ray shows compression fracture at L2. Needs followup MRI to further assessme; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient with known spinal cord tumor. pain has shifted to different areas. +numbness. imaging needed to determine size and location of prior tumor and to rule out additional masses/tumors.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	PT IS NOT HELPING, PT IS HAVING LOTS OF PAIN.; This study is being ordered for trauma or injury.; 3/10/2020; There has been treatment or conservative therapy.; LOW BACK PAIN, HIP PAIN, CHEST WALL PAIN; PHYSICAL 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Abnormal thoracolumbar xray concerning for compression fractures	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; pt has a fall history and weakness on the right side	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; There has not been a recurrence of symptoms following surgery.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There is recent evidence of a thoracic spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Mid-March; There has been treatment or conservative therapy.; Sharp pain with laying down, walking, and sitting.; Patient given Tramadol 50mg TID 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Pain right side with numbness and burning to the right thigh down lateral knee.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; back pain for at least a year. meds and therapy not helping. pain getting worse. pain going down hip and legs. unable to work.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; pain starting in lower back and radiating all through pelvic area, down both legs to bilateral feet. left leg "feeling asleep", as well as muscle spasms in bilateral legs. x-rays show DDD.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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.; Pt is having LBP that radiates down legs and interferes with ADLs. PT and chiropractor visits have not made any improvements.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Pt needs to use cane to ambulate.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Radiculopathy, 6wks conservative tx, persistent sx. Injury of back, Injury of neck, Joint pain. Chronic bilateral low back pain with bilateral sciatica; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; There is weakness.; Patient was treated at Drew Memorial Hospital ER on 04/12/20 had pelvic and lumbar xray with negative results. Patient c/o recurrent pain tailbone, rating pain 8/10 pain scale.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; PLEASE SEE ATTACHED CLINIC NOTES; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Abnormal lumbar spine xrays with grade 3 spondylololthesis. Low back pain with radiation into the left leg. Decreased ankle jerk 3/5.; 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 ankle jerk 3/5.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Abnormal thoracolumbar xray concerning for compression fractures; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Anterior Listhesis L5 w/ bilateral pars defects.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Back Excersize; Diclofenac;Cyclobenzaprine	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	chronic back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain, midline and paraspinous-; bilateral leg weakness, neurogenic claudication, numbness/tingling bilateral leg, fatigue; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Complains of low back, left hip and leg pain. March 11 he was playing "kickball" with some kids in a gym. He went to kicked the ball and fell flat on his back. Had the breath knocked out of him, took a couple minutes before he got up. He initially had a l; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	CONSTANT PAIN LOWER BACK PAIN6-8 WEEKS PT NO RELEIFCONTINUED PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; UNABLE TO BENDUNABLE TO STAND LONG PERIODSUNABLE TO LIE DOWN COMFORTABLY	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; muscle weakness, LROM; curvature t-spine;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 05/04/2020; There has been treatment or conservative therapy.; left leg very week.; steroid injections, PT, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Fell about a month ago. Getting worse since then. Fell forward. Lower back on right. Not traveling. Worse with activity. Given meds at ED. Flexeril and meloxicam and not helping. In bed is doing okay. No numbness or tingling.;MS- mild ttp to ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Looking for disk herniation or foraminal narrowing.; The study requested 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	none; The study requested is a Lumbar Spine MRI.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Numbness to right posterior thigh; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; numbness to right posterior thigh on exam;Decreased right patella reflex;No recent xray	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Patient has had a fusion of the L4-L5. The patient is having decreased ROM due to pain and inflammation of the lumbar region. He is having tenderness at the L4-L5 region and decreased sensation of the left lower extremity. The patient is currently in pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having decreased sensation of the 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.</p>	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>patient has had previous MRI of L-spine showing mild disc bulges at L4-5 and L5-S1 without stenosis. previous MRI of C-spine showed degenerative cervical spondylosis with moderate spinal stenosis at C5-6 and bilateral Foraminal stenosis at C5-6 and C4-5. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; early 2017; There has been treatment or conservative therapy.; Neck pain with weakness and numbness in arms and lower back pain with weakness and numbness in legs. patient has had progression in symptoms; Muscle relaxers, Tramadol, OTC Tylenol and Ibuprofen, Heat, Ice. Was unable to tolerate Physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020 4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>PATIENT HAS LOWER BACK PAIN WITH NEW ONSET OF RADIATING PAIN DOWN HER RIGHT HIP AND LEG WITH RIGHT LEG NUMBNESS. NSAID MEDICATION IS NOT HELPING AND THE PAIN IS INTERFERING WITH HER SLEEP.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Patient is continuing to have worsening symptoms and has previously had back surgery. New symptoms are radiculopathy and intermittent numbness and tingling of RLE.; 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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; Patient has NSAIDS, Steroid injections, ESI and Nerve ablations</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>PATIENT IS HAVING SEVERE PAIN IN HER LOWER BACK. SHE HAS DONE PT FOR 4 WEEKS AND COMES IN OFFICE AND STATES THAT THE PAIN IS GETTING VERY INTENSE. SHE HAD AN XRAY OF HER LSPINE THAT SHOWED VACUUM DISC PHENOMENON AND DEGENERATIVE ENDPLATE CHANGES AT L5-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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>Patient started Physical Therapy on 4.7.2020 and still ongoing. ;;He is having back pain. He has had x-rays done at UAMS May of 2019. He was told he had stenosis. He has swelling on the right side of his back constantly. Had surgery at age 17. About a; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient went to pick up a piece of wood and fell down. Now unable to walk. X-ray of thoracic spine shows wedging at T6 Needs followup MRI to rule out compression injury. Lumbar x-ray shows compression fracture at L2. Needs followup MRI to further assessme; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	problems getting worse patient needs surgery; This study is being ordered for a neurological disorder.; 12/01/2019; There has been treatment or conservative therapy.; paresthesia stenosis urinary incontinence placement of stint radiculopathy; meds 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt has lumbago with sciatica with no relief. physical therapy for 6 weeks has not helped this pt along with medications.; The study requested is a Lumbar Spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt was in a MVA on 02/05/2020. She has completed PT and oral medications and continues to have pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>requested more recent MRI for preoperative evaluation. This request was denied by patient's insurance.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient was diagnosed with scoliosis at age 13. She has had worsening back pain for the last 3 years.; There has been treatment or conservative therapy.; Pt reports have constant back pain currently for the past 6 months. States pain can become acutely worse and makes it difficult to walk. Relapses occur about twice per month. Pt reports when having an episode unable to flex or extend or rotate back in e; Takes ibuprophen and gabapentin, uses heating pads, takes hot showers, walking. None of this is sufficient. Pt has been taking gabapentin and ibuprophen for 3 years but has experienced progressive worsening of symptoms despite this treatment over the past; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>severe back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more then once for these symptoms.</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The patient does have a hip prosthesis on the left side that is causing her discomfort.; This study is being ordered for trauma or injury.; 5-11-2020; There has been treatment or conservative therapy.; Pain, redness and swelling as well as numbness.; Physical therapy for 5 weeks, pain medications and x-rays that do not show any acute injuries.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	12 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	13 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	7 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	18 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; It is not known if the patient has a new foot drop.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	29 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	9 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	26 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	12 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	13 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right leg weakness, drags, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Caller wants to bypass clinicals and send them in; It is not known if there has been any treatment or conservative therapy.; Caller wants to bypass clinicals and send them in; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Trauma or recent injury; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Upon Examination patient has extreme numbness and weakness Dr Ballard is asking for MRI ASAP; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Acute Bilateral Low Back Pain with Bilateral Sciatica, Abnormal X Ray of Lumbar spine showing posterial retro Lithesis at L5-S1 at 1 to 2 Mil, Sliding disk Bilateral ST Joint Strain she is having weakness and Numbness 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	hernia suspected, gynecology etiology suspected; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	hernia; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	patient has a pelvis fracure seen on xray; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected vascular disease.; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Urinary obstruction; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of something other than the pelvic gurdle, sacrum or the tail bone (coccyx).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	needing mri of both hips due to diagnosis so mri pelvis ordered with attention of both hips per facility request. pt has had pain last 10 years worse in last 3 months. radiology imaging shows joint narrowing with significant degenerative changes in lumbar; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pelvic pain, suprapubic pressure, without vaginal bleeding, discharge, fever, n/v, upper abd pain, uti symptoms, dysuria, trouble voiding, or hematuria.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PT IS NOT HELPING, PT IS HAVING LOTS OF PAIN.; This study is being ordered for trauma or injury.; 3/10/2020; There has been treatment or conservative therapy.; LOW BACK PAIN, HIP PAIN, CHEST WALL PAIN; PHYSICAL 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	right hip pain. the joint will feel like it gets stuck and tighten in her right pelvis and buttocks. When her body is somewhat reclined she is unable to lift right leg, if flat she is able to lift right leg. Has completed home stretches and went to chirop; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	showed bilateral lucent osseous lesions in pelvis; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient does have a hip prosthesis on the left side that is causing her discomfort.; This study is being ordered for trauma or injury.; 5-11-2020; There has been treatment or conservative therapy.; Pain, redness and swelling as well as numbness.; Physical therapy for 5 weeks, pain medications and x-rays that do not show any acute injuries.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, 72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	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 osteomyelitis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Pt has very severe edema in his hand and foot. It is causing pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 04/01/2020; There has been treatment or conservative therapy.; swelling, pain; Pt has tried medication and ice/heat without relief. Worsening edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	none; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pain and decreased movement, need MRI to see if he needs to see an ortho.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient did re injury her wrist, it took months to heal this happened in november; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient has tried NSAIDs, muscle relaxer, and steroids orally and injection with no relief. X-ray of left shoulder was performed on 1/11/2020 and showed no fracture or dislocation; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pt c/o shoulder/arm pain on 1/23/20. At that time, due to other sx, he was worked up for cardiac issues. Still having shoulder pain as of 5/1/2020. Now c/o numbnes, tingling, radiating down arm. Has limited ROM, positive empty can and full can test on; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pt had MVA on 02/05/2020. Has completed PT and treatment with oral medications without relief; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pt here for eval of chronic right shoulder pain x1yr. She endorses she has had PT(Peak) perform "dry needle" therapy and she states that initially she would get relief for about 1mth but here lately it has been getting worse. She also has had her shoulder ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	s/p injury; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulder pain and can't lift her arm numbness in the arm; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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's shoulder is stiff and will not raise past 45 degrees.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; The patient has had shoulder pain for near 1 month at this time. She cannot move her shoulder much due to pain. Shoulder does not feel stiff, just painful.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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.; Hx of MVA	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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.; uploading clinical	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	4 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 5/20/2020; There has not been any treatment or conservative therapy.; cannot raise 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	; This study is being ordered for trauma or injury.; 02/12/2020; There has been treatment or conservative therapy.; Pain in left hip, numbness, tingling down 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	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient had abnormal x-ray after complaints of joint pain and swelling, showing the proximal tibial diaphyseal sclerotic line, the focal tender correlation and follow-up to exclude the impaction fracture and radiologist recommend CT scan for further e; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	PATIENT PRESENTS WITH KNEE PAIN AND KNEE "GIVING WAY." WITH NO KNOWN TRAUMA. PATIENT CONFIRMS POPPING/CLICKING/AND LOCKING IN RIGHT KNEE. X-RAY WAS DONE WITH Enthesophyte present proximal tibia at the patellar tendon insertion. DOCTOR RECOMMENDED 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.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient reports continues to have problems with her left knee. She is status post replacement. She has had physical therapy without resolution. Continues Mobic and Lyrica without relief. States notify Dr. Dixon about 4 weeks ago that she was continuing to; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	; 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.; It is unknown if surgery is planned.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; 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.; It is unknown if surgery is planned.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; The patient 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; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	L leg limp, popping and locking, 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 None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Limited ROM Xray showed no fracture and she was prescribed ant-inflammatory and pain meds. Pt is unable to bear weight on this foot; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Pt has very severe edema in his hand and foot. It is causing pain.; This study is being ordered for Inflammatory/ Infectious Disease.; 04/01/2020; There has been treatment or conservative therapy.; swelling, pain; Pt has tried medication and ice/heat without relief. Worsening edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	2	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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; Surgery is being planned.; Arthroscopic surgery	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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 NOT being planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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; It is unknown if surgery is planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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; It is unknown if surgery is planned.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	7 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 course of non-steroidal anti-inflammatory medications	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; It is not known if the request is for hip pain.; The study is not requested for any of the standard indications for Knee MRI	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The hip pain is due to a mass.; The request is for hip pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; The request is not for hip pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	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.	7	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 has a documented limitation of their range of motion.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	73725 Magnetic resonance angiography,	unknown; Is this a request for one of the following? MR Angiogram lower extremity	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	6 mo f/u kidney cyst. report attached; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Clinicals attached; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	CT Abdomen w contrast follow up;;Last CT Abdomen 11/20/2019;IMPRESSION;;Small hiatal hernia. Esophageal varices. Cirrhotic liver resolution of;ascites. Splenomegaly. Gallstones. Large recanalized umbilical vein;and smaller perigastric varices. Marke; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/30/2019; There has not been any treatment or conservative therapy.; night sweats 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	fever for 10 days, ABD pain, decreased appetite,; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Liver cyst f/u of US; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Liver lesion 5 segment; likely hemangioma. Liver segment 7 lesion, may be an atypical hemangioma, but other etiologies are not excluded. Radiologist recommended further evaluation with triple phase CT of abdomen.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	pancreas is not very well seen on abdominal ultrasound; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Pt c/o epigastric abdominal pain for 1 week. States that it is not relieved by omeprazole or OTC antacids. Pt has PMH of H. pylori infection. Pt states this episode feels similar. But the lab was negative. Pt states she has had n/v several times over the ; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	R/O gallbladder disease; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	rule out mass, hep c, needs abdominal paracentesis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; This is NOT a Medicare member.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 is suspicion of renal mass.; The suspicion of a renal mass was suggested by an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	U/s was done and was negative pt still has pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	WILL FAX CLINICALS; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; couple of months before 3/26/2020 (first visit); There has not been any treatment or conservative therapy.; Granulomas 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/4/2017; There has been treatment or conservative therapy.; Chest pain, Chest nondual, history of rectal cancer.; Radiation therapy, Colonoscopy, excision.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABDOMINAL PAIN WITH REBOUND AT RLQ.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain, nausea and abdominal bloating, RLQ pain, LLQ pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abnormal abd series and hydronephrosis; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ACUTE ABDOMINAL PAIN AT THE RIGHT LOWER QUADRUANT WITH FEVER AND ELEVATED WBC COUNT. WORRIED ABOUT PATIENT APPENDIX.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	acute RUQ and LLQ pain. Started 2 days ago. c/o heartburn, nausea, diarrhea. WBC is elevated. on exam-distended, epigastric, RUQ and LLQ tenderness. Xray shows abnormal bowel gas pattern. H-pylori was negative; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	blood and protein in urine, upper and lower quadrant pain both sides, constipation; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	BLOOD IN URINE/HEMATURIA; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	by pass; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	chronic LLQ pain, negative pelvic US. need further eval.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	colon cancer treated with resection 12/2018, new onset abd pain, flushing, appetite loss.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Due to the patient's chronic health conditions lab testing was not performed to limit his exposure during this time of Covid-19 pandemic. He has a golf ball size mass in his RLQ and RLQ abd pain.; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 05/04/2020; There has been treatment or conservative therapy.; left leg very weak.; steroid injections, PT, 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	follow up after surgery; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HAS HAD A LIVER TXPLANT ABDOMINAL PAIN VOMITINGGI SPECIALISTS SAYS CT REQUIRED; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Hematuria for 2 days, dysuria, pelvic pain, post hysterectomy vaginal spotting x 2 days; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Looking back in his record he has lost 18 pounds from April of 2019. He tells me that he is not getting any benefits from the Remeron. His sleep is not as good as it was on the Trazodone and he does not feel it has helped his appetite any. He is not havin; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LOOKING FOR APPENDICITIS;CT WITHOUT CONTRAST WAS NORMAL AND PT STILL HAVING PAIN IN LOWER RIGHT QUADRANT. HAS TENDERNESS.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	mass found on CT Low Dose chest 3/18/2020; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	no; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has been having left upper quadrant pain and left-sided abdominal pain. She has been bloated. Bowels go between diarrhea to constipation. Patient has not had a CT for a long time and is concerned because she continues to have pain on her left side; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has left flank pain with hematuria.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has undergone 3 emergency room visits and several clinical visits in the past 3 months for clinical decline. She needs definitive diagnosis and cancer work up/rule out. Please consider this an urgent request for coverage of ct Neck,chest,abd, pelv; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is having pain kidney stone area; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is having severe pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient needs a ct abd/pelvis, provider is trying to rule out kidney stone; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient presents to clinic with LLQ pain with diverticulitis suspected.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient presents to clinic with RLQ pain and nausea. RLQ is TTP.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient presents to clinic with RLQ pain with guarding. Need CT to rule out appendicitis.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient recently diagnosed with diverticulitis after recent hospital visit discharged April 5, 2020.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient underwent left nephrectomy due to positive for carcinoma. Patient requires followup care from specialist.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with severe ABD Pain Abdominal Distension and Rectal Bleeding; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Positive for back pain and myalgias. follow up for microscopic hematuria; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	possible perforation. onset over night, sever pain, diarrhea, weight loss.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt bowel dysfunction chronic abd pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt had Surgery in Feb. has had continued pain and issues since. Trying to R/O surgery correction; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has a mass; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has had chronic abdominal pain for 3 months with abnormal US results. US results showed multiple bilateral kidney cysts. PT states it is severe at times and better other times but is consistent to LUQ.; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	rule out appendicitis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Rule out appendicitis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Rule out cyst; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	SEE PREVIOUS QA HISTORY; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Suspected appendicitis; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	11 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; The patient complains of bilateral flank pain. He has a strong family Hx of renal cancer and is concerned about that.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	8 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	5 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	10 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	11 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient is a 45 female coming in today with history of abdominal discomfort especially through her lower abdomen patient states it feels tender deep inside hurts when she has to go to the bathroom as well she has not noticed blood in the stool she has not; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdomen pain, moderate to severe abdomen pain, left sided change in bowel habits, fever and change in appetite; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; HERNIA EVALUATION; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; liver enzymes alt-444, ast-235, alk prostate -123; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has a known pancreatic cyst which requires follow up imaging every 6 months for evaluation. 1.5 cm cyst in the tail of pancreas along with bilateral renal cysts.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIENT HAS HAD THIS PAIN SINCE A FALL IN 2015. THE PAIN IS GETTING WORSE. HAS HAD MRI AND X-RAY WITH NO DENFINATIVE SOURCE OF THE PAIN.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient in clinic on 5/11/20 complaining of constipation with no bowel movement in over 1 week. Patient to clinic on 5/12/20 complaining with severe lower abdominal pain; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; PT HAD AN ABNORMAL CT ABDOMEN/PELVIS 12/2019 AND RADIOLOGIST RECOMMENDED REPEAT IN 6 MONTHS FOR HAZY MESENTARY.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	14 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	8 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	5	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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, Anergyism or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	19	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This test is necessary to ensure that the abscess size continues to decrease and that he has not had any worsening of the previously noted abdominal gas.;ABD EXAM: distended (mild), LLQ tenderness, RLQ tenderness, and suprapubic tenderness. Liver: no he; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	vagina bleeding x5weeks pelvic pain dnc a year ago heavy bleeding; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax records; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	; This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is not planned for within 30 days.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Doctor and patient are very concerned about these masses.; This study is being ordered for trauma or injury.; 05/14/2020; There has not been any treatment or conservative therapy.; Neck pain and abdominal pain. Pt has mass on neck and nodule on her adrenal gland that was seen in a previous CT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	HEMANGIOMA; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	stag 2 metastatic kidney 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal amalyse or lipase was NOT noted.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.";	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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."; Enter answer here - or Type In Unknown If No Info Given. &gt;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; 3 mo f/u MRI for liver lesion	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; 15mm cyst noted in the inferior posterior aspect of the right kidney, needed further eval	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; abdominal and pelvic pain with abnormal CT abd/pel.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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."; Multiple nonspecific liver lesions, neoplasia cannot be excluded. Correlation with abdominal MRI with and without contrast is recommended. Gallbladder polyp measuring 22mm.;per US report	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; It is not known if the patient had and abdominal ultrasound, CT or MR study.; Enter answer here - or Type In Unknown If No Info Given. &gt;	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; none	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; She has abdominal swelling, ascites, had a ct of the abdomen and found to have a mass.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 pancreas during a previous CT, MRI or Ultrasound.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 NO suspicion of metastasis.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; unknown	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	6 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	annual screening; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	personal history of atypical atypical ductal hyperplasia; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	sister had both breast and ovarian cancer, patient has extremely dense breast tissue which limits results of mammogram; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78071 Parathyroid planar imaging (including	This is a request for Parathyroid SPECT imaging.; hypercalcemia	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78071 Parathyroid planar imaging (including	This is a request for Parathyroid SPECT imaging.; Parathyroid lesion	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	Pain radiates into the ja and back; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a current everyday smoker with a BMI of 42.9. EKG shows left atrial enlargement. C/o chest pain, shortness of breath. Pain is stabbing, occurs at rest, worse with stress/emotional upset; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Patient is at high risk due to underlying CAD, obesity, type 2 dm, OSA; This study is being ordered for Vascular Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Shortness of breath, HTN, and 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	HPI;er f/u. chest pain and cardiomegaly. lasix added. has f/u appt with dr wong. no further chest pain. has moved into shoulder blade area. no sob. hurts with breathing. she saw her rheumatologist yesterday. started mtx and folic acid.;Physical Exam;Pa; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	htn, hld, sob, edema, weakness, fatigue. initial eval of symptoms; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Multiple transient ischemic attacks , we are looking patent foamen ovale; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Patient has hypertension and diabetes, an high cholesterol; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Pedal edema; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	She has a known history of hyperlipidemia, hypertension, and new onset of pedal edema.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 echocardiograph	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is the first request for a Transthoracic Echocardiogram; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 echocardiograph	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 an enlarged heart; enlarged heart may be the reason fo cardiomyopathy.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; 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.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	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.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	17 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	18 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	19 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	17 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	18 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Unknown; This 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Patient is dizzy, light headed, and short of breath when walking along with hypertension.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	31 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		Enter answer here - or Type In Unknown If No Info Given. &fax clinicals; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70336 Magnetic resonance (eg, proton) imaging,	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; There is another reason why an MRI is not being considered;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic headaches. There are some red flag signs such as vision changes and nighttime awakening. CT head without contrast.;headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals attached; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for something other than screening for aneurysm or AVM, previous stroke or aneurysm or neurological deficits.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	For CT Brain the patient has Hydrocephalus with shunt in place .; This study is being 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.; Low back pain with Radicular pain shooting down the sacral; Patient has tried medication for Back pain and it was unsuccessful; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	headache associated with trauma, and PTSD; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Headache Reports a two year history of chronic migraines, states the headaches have become worse over the last 3 days. No hx of DM, HTN and drinks an adequate amount of water per day. Reports headaches that start in temporal area and radiate to both sides; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	headaches along the top of her head, sharp pains on the top of her head and in the frontal region. She had shortness of breath, sore throat, cough. She had chest pain she has had continued SOB, sore throat, cough, chest pain, bloody nose, and sinus pain; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	location occipital ;Quality: throbbing; sharp/stabbing;Severity: Moderate ;Duration: constant ;Onset/Timing: abrupt onset; still present ;Context: triggered by: Fall no nausea; no vomiting; no double or blurry vision; no body numbness; photophobia;; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	memory loss, taking pain pills, stress and taking care of family; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Ms. Tipton presents with a diagnosis of pain of her skull and head. This was diagnosed one year ago. The course has been progressively worsening. It is of severe intensity. She estimates that the frequency of symptoms is several times a week. The typ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	new onset of headache getting worse n/v dizziness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness to hands;Ongoing 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient describes problem of severe fatigue for the last 2 months. This has been fairly constant, and seems to be getting worse. Sleep quality: It is difficult to maintain sleep, and she often wakes up after only 2-3 hours. She averages 10 hours of sle; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a recent fall and hit head, now has increase confusion.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient having dizziness and tremors for several months. Requesting CT to rule out any kind of brain abnormality.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient will be admitted today for 24 hour cardiac observation. Patient had a loss of consciousness episode last night. Patient reports having 3 syncope episodes within this year.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with headache and dizziness that has happened several time. New diagnosis of migraine headache.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt was born with congenital malformation of the skull and has been having chronic and persistent 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	PT WAS SEEN IN THE CLINIC 03/11/2020 C/O VERTIGO, DIZZINESS AND FATIGUE. reports feeling unmotivated, fatigued, and tired, however he appears healthy and has no other complaints just above vitamin deficiencies, autoimmune diseases, or viral-like illness; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Testing to rule out seizures; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	13 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	worsening headache frequency w associated symptoms not responding to medication treatment.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain;	Radiology Services Denied Not Medically Necessary	X; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Jaw TMJ tenderness Limited range of motion; "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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal Pain: She's had LLQ pain for the past 1 month. Says the pain comes & goes. It's not a sharp pain. Describes it as a menstrual cramp/pressure feeling. Sometimes if she fills her stomach with fluids, she feels like there's not enough room in there; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABD Pain: 3/20/20;;Neck Enlargement: 2/20/20; There has been treatment or conservative therapy.; Abdominal pain, neck enlargement.; ABD Pain: Exlax;;Neck Enlargement: 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a painful neck mass on RT side of 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 neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/21/2020; It is not known if there has been any treatment or conservative therapy.; The pt has shaking episode on arms & legs & syncope, seizure;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	New onset shoulder, neck pain radiating down arms and lower extremities with numbness and tingling; "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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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.; 09/23/2019; There has been treatment or conservative therapy.; pain; impheds. ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Evaluation of the brain by MRI/MRA. R/O epilepsy ;probable cataloia vs nonconvulsive epilepsy; This study is being ordered for a neurological disorder.; 6/5/20; There has been treatment or conservative therapy.; Weakness, dizziness, Falls. ;Patient states he as black out spells lasting up to 15-20 minutes where he is unable to move. He also reports shaking at times.; Patient had a heart cath 6/5/20 with no changes to symptoms. ;Patient has increasing weakness with falls and headaches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	headache x's 3 months, intermittent, daily, not similar to previous headaches, throbbing. also c/o 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	History of pituitary adenoma;Z86.011: Personal history of benign neoplasm of the brain;MRI, BRAIN + PITUITARY, W/WO CONTRAST;Visual disturbance;H53.9: Unspecified visual disturbance;Headache;R51: Headache;Fatigue;R53.83: Other fatigue;Lymphadenop; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	interment diarrhea and constipation; This study is being ordered for a neurological disorder.; more than 30days ago; There has not been any treatment or conservative therapy.; vision changes and disturbances, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	Patient having anxiety. Syncope.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	problems getting worse patient needs surgery; This study is being ordered for a neurological disorder.; 12/01/2019; There has been treatment or conservative therapy.; paresthesia stenosis urinary incontinence placement of stint radiculopathy; meds 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PT HIT IN NOSE WITH A CHAIN HAS HEADACHE, PRESSURE IN NOSE, NO IMAGING AFTER INJURY THAT HAPPEND 7 DAYS AGO.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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.; None of the above best describes the reason that I have requested this test.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; fatigue since 11-2019;pain about 6-8 weeks; There has not been any treatment or conservative therapy.; chest and abdomen pressure type 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	3 month follow up Ct recommened from CT Low Dose 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A chest x-ray that was obtained was read by the radiologist as revealing small bibasilar and left apical nodular opacities. These were felt to likely represent sequelae of granulomatous disease, but the radiologist recommended a CT of the chest for furthe; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal x ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest x ray found nothing but there is clinical suspicion for a ct follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	colon cancer treated with resection 12/2018, new onset abd pain, flushing, appetite loss.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	cough up blood and short 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CXR negative, symptoms continue to worsen now causing SOB and continued pain; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up CT for Nodule in chest; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Former 40 year pack a day smoker, quit 2/28/2019, SOB, hypoxia, cough; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	HPI;er f/u. chest pain and cardiomegaly. lasix added. has f/u appt with dr wong. no further chest pain. has moved into shoulder blade area. no sob. hurts with breathing. she saw her rheumatologist yesterday. started mtx and folic acid.;Physical Exam;Pa; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lung Nodule that was found .; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Mass or lump, thorax axilla; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; 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.; 03/09/2020; There has not been any treatment or conservative therapy.; quad 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had CT T-spine in 2017 that showed a bone lesion. Has not had follow up since that time and radiologist was worried about metastatic disease. Also had CT chest in 2017 that showed a 1.1cm nodule to left upper lobe.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had X-Ray and seen something; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had persistent chest pain and shortness of breath for several months. patient has been worked up by a cardiologist and has been cleared by cardiology to this not being heart related. patient has tried inhalers to help with the shortness of bre; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING CHEST PAIN; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is still in severe pain and unable to work.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents to clinic with wheezing, SOB and is a smoker. Patient has a history of lung nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt also has a long history of respiratory problems and problems with "fluid". Pt was dx with chronic CHF by previous outside cardiologist and has been on chronic diuretic treatment long term with metolazone and furosemide for this. Pt has established wi; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has a coin lesion in the 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt states that he has had a cough for a while. Patient states that the cough has gotten worse the past two weeks, more congestion than previous. He said that on Saturday he went to Urgent Care because the cough got worse. Urgent Care said that he had Bron; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Renal cyst;1.6.2020 MRI Abdomen W/WO Contrast ;;Impression:Probable solid lesion involving the lateral upper left kidney although;only mild internal enhancement. Still very well-defined. This will probably need percutaneous biopsy to confirm. Large 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.; 11/01/2019; It is not known if there has been any treatment or conservative therapy.; Renal cyst;1.6.2020 MRI Abdomen W/WO Contrast ;;Impression:Probable solid lesion involving the lateral upper left kidney although;only mild internal enhancement. Still very well-defined. This will probably need percutaneous biopsy to confirm. Large 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	See clinical notes.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary),	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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Pain, decreased range of motion in 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.; October 2019 patient was seen for back pain, lower and upper, as well as cervical spine pain.; There has been treatment or conservative therapy.; neck, upper and lower back pain with weakness and numbness documented. Patient also has decreased range of motion in arms and legs; Patient has been given anti-inflammatory medications, she has also had some physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 presents with left rib pain, increases with breath and movement, suspect fracture of sternum or ribs chest x ray and ct normal, patient continues to have severe pain; This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This is a request for a chest MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	problems getting worse patient needs surgery; This study is being ordered for a neurological disorder.; 12/01/2019; There has been treatment or conservative therapy.; paresthesia stenosis urinary incontinence placement of stint radiculopathy; meds 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation for reoccurring lipoma.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had CT T-spine in 2017 that showed a bone lesion. Has not had follow up since that time and radiologist was worried about metastatic disease. Also had CT chest in 2017 that showed a 1.1cm nodule to left upper lobe.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Possible compression Fx; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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?; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Xray shows some elation of the distal scapula and AC joint dysfunction; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; numbness down arms can't grip objects; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; The patient does 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 05/065/2020; There has been treatment or conservative therapy.; NECK AND SHOULDER 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; this has been going on for over 4 years.; There has been treatment or conservative therapy.; cervical --headaches and neck pain causing tingling in the arms ;;lumbar-low back pain causing hip pain and tingling in both legs; Physical Therapy and injections.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 4 years ago; There has been treatment or conservative therapy.; neck pain, back pain, and chronic headaches.; medication, physical therapy, surgery, and home stretches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Unknown; There has been treatment or conservative therapy.; THIS IS THE CASE OF A 63 Y/O BLK FEMALE WHO IS STATUS POST A FALL ON THE LEFT SIDE RESULTING IN BLUNT TRAUMA AND NO LACERATION 3 WEEKS PRIOR TO 4/29/2020 NOW WITH CHRONIC SEVERE PAIN IN THE NECK , LEFT SHOULDER AND NEUROPATHY IN THE LEFT UPPER EXTREMITY T; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Clinical Information;History / Dx: upper back pain is worse- left arm numb now, hurts to breath ,was better while on the medrol, but pain recurred as soon as she stopped the medication;radiates into her neck. ;no fever;feels very stiff;No distinct; This is a request for 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.; New/Follow-up Patient Consult;; ; upper back pain is worse- left arm numb now;, hurts to breath ; was better while on the medrol, but pain recurred as soon as she stopped the;medication; radiates into her neck. ; no fever;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Deg disc disease per 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 ROM on both sides	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; by lateral upper 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Limited range of motion, pain with mobilization, unable to extend; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 12/18/2016; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Naproxen, Muldrow Dose Pack, Cant take 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2015; There has been treatment or conservative therapy.; Neck and back pain numbness and tingling in upper extremities.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	EVALUATION FOR POSSIBLE HAIRLINE FRACTURE IN NECK; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Herinated 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.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Enter Additional Clinical Information	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	muscle aches, arthralgias/joint pain, and back pain.; limited ROM (right hand and arm)IS TAKING GABAPENTIN ALSO TYLENOL #3;HAS HAD ISSUES W THIS C SPINE AT LEAST 1 YR +; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Going on for a year.; There has been treatment or conservative therapy.; Cervical pain with movement.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Neck pain on the left side for the last 2 months.; There has been treatment or conservative therapy.; Pt has thoracic pain as well especially when she is walking. Whenever she walks her vision becomes black (closes) but she has not passed out.; She is on medications. This has been going on since Feb 2019. Several meds are being taken.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 x's 6 months, worse in the last two weeks. initially seen in November. Symptoms worse since then; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 INFO GIVEN; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; DECREASE IN DEEP TENDON REFLEXES IN UPPER EXTREMITIES	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 09/23/2019; There has been treatment or conservative therapy.; pain; impheds ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; Neck pain that radiates to RUE. shoulder pain radiates to rt. hand. Weakness in RUE, LROM on the rt. side; Pt. had 6wks. 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 tingling radiates to RUE.; This is a request for 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.; RUE 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	over a year of symptoms with no improvements after treatment; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; no change in symptoms	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain interferes with sleep.; This study is being ordered for trauma or injury.; 03/09/2020; There has been treatment or conservative therapy.; Neck and right shoulder pain.; Med, 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain, decreased range of motion in 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.; October 2019 patient was seen for back pain, lower and upper, as well as cervical spine pain.; There has been treatment or conservative therapy.; neck, upper and lower back pain with weakness and numbness documented. Patient also has decreased range of motion in arms and legs; Patient has been given anti-inflammatory medications, she has also had some physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 increased pain in her shoulders and lower neck that extends distally through her thoracic spine region. difficulty sleeping due to pain, pain worse at night but does occur during day. taking ibuprofen with little relief. Lumps bilater; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 been having Headaches, Bilateral upper Extremity Paresthesia. She has been taking NSAIDs and went through Physical Therapy with no improvement. Her Neurologist did an Nerve Conduction Study and said that she needed an MRI of Cervical Spine.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having daily headaches along with radicular pain primarily to right arm. Cervicalgia with radiculopathy; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patients day to day life has been severely affected by the pain. she has ambulatory problems as well as trouble sleeping, walking and standing; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/20; There has been treatment or conservative therapy.; Neck and low back pain with radiculopathy into the upper and lower extremities; Physical Therapy and anti-inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ahs increase neck and shoulder pain extreme numbness in last week; This is a request for 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.; lwft 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 sudden onset neck pain with bilateral arm pain and headache; This is a request for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Pt presents with back and neck pain that is chronic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 his neck is really bothering him. He has radiating pain down both arms, someimes he reports numbness and tingling; 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.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Recurrent migraine type headaches with no previous imaging performed. Recurrent chronic neck pain with only xray done; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 displays decreased range of motion and pain of cervical back.;;Physical Therapy is pending.; This is a request for 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.; 25 degrees left lateral rotation;45 degrees right lateral rotation;5 degrees left flexion;15 degrees right flexion;;Spurlings positive	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 had a car accident in 2015 and has had pain and headaches since then. The pain and headaches have gotten worse since a more recent car accident (1 month ago). MRI in 2015 showed some cervical spine degeneration with mild bulging at the level 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.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Multilevel mild degenerative disc disease;Multilevel degenerative disc disease and multilevel facet degenerative;change, see above;Impression: No evidence of acute displaced rib fractures;;pneumothorax, dense pulmonary consolidation, or pleural fluid;	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 problem has been rapidly worsening. The pain is associated with twisting. The pain is present in the left side. The quality of the pain is described as aching, shooting, stabbing and cramping. The pain radiates to the left arm, left shoulder, left for; This is a request for 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.; Associated symptoms include numbness, tingling and weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient has completed 6 weeks of physical therapy?	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The reason for ordering this test is Trauma or recent injury; The patient does not have any of the above listed items; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; PATIENT PRESENTS CLINIC FOR RIGHT SHOULDER PAIN FOR THE LAST MONTH. SHE STATES SHE HAS BEEN DOING PT ON HER NECK, AND IN THE LAST 5 DAYS SHE HAS HAD SEVERE PAIN IN HER RIGHT SHOULDER, SHE CAN HARDLY SLEEP. pain in her right shoulder that has been present	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	11	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	10	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Don't know describes the reason for requesting this procedure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness of right hand. Symptoms are worsening and affecting strength and work.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 06/2018; There has been treatment or conservative therapy.; Pain and limited range of motion in neck and knee; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; AUTO ACCIDENT ON 4/20/20; There has been treatment or conservative therapy.; PAIN; MEDICATION, REST, HEAT/ICE THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	weakness in arm; This study is being ordered for trauma or injury.; 5/26/2020; There has been treatment or conservative therapy.; pain in neck, going down to right side shoulder & arm, hurting in lower back hurting in right leg.; inflammatory, steroids, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 05/08/2020; There has been treatment or conservative therapy.; SPINAL CYST;MID AND LOW BACK PAIN; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 05/18/2020; There has not been any treatment or conservative therapy.; Back pain for 5 years.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 4 years ago; There has been treatment or conservative therapy.; neck pain, back pain, and chronic headaches.; medication, physical therapy, surgery, and home stretches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Unknown; There has been treatment or conservative therapy.; THIS IS THE CASE OF A 63 Y/O BLK FEMALE WHO IS STATUS POST A FALL ON THE LEFT SIDE RESULTING IN BLUNT TRAUMA AND NO LACERATION 3 WEEKS PRIOR TO 4/29/2020 NOW WITH CHRONIC SEVERE PAIN IN THE NECK , LEFT SHOULDER AND NEUROPATHY IN THE LEFT UPPER EXTREMITY T; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	4/15/2020 - Can't extend back due to pain. Unable to lay flat or raise legs. Worse pain of life.; This study is being ordered for a neurological disorder.; 07/2019; There has been treatment or conservative therapy.; Pain in back. Pain in Abdomen., looses use of leg when this happens.; Physical Therapy. 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 causing daily headaches, tried numerous things to help.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 radiates to sides; patient has had fatty tumors for past 20 years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2/2019; There has been treatment or conservative therapy.; chronic back pain; OTC nsaids, home physical therapy plan, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2019; There has been treatment or conservative therapy.; Back pain; medication and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation of chronic back pain, suspicion of vertebral fracture, severe/worsening back pain; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment 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 reports worsening back pain	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Enter Additional Clinical Information&gt;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Going on for a year.; There has been treatment or conservative therapy.; Cervical pain with movement.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 complains of increased pain in her shoulders and lower neck that extends distally through her thoracic spine region. having difficulty sleeping due to the pain, worse at night but does occur during the day taking ibuprofen with little relief. Lumps; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt presents to clinic for continued c/o middle back pain due to MVA.03/15/20 P.T. order placed during initial visit; however, pt still has not been contacted about referral. Pt reports taking ibuprofen/tizanidine TID as prescribed with minimal relief. Pt; 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 NOT had back pain for over 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Pt presents with back and neck pain that is chronic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for 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 then once for these symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; muscle weakness and back pain	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; patient stated weakness	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; TRAUMA OCCURRED 01/09/20. FOLLOW UP ON 04/23/20 AND 05/21/20. WORSENING UPON EACH FOLLOW UP. X-RAY NONDIAGNOSTIC.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; AUTO ACCIDENT ON 4/20/20; There has been treatment or conservative therapy.; PAIN; MEDICATION, REST, HEAT/ICE THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	X rays show moderate thoracic rotoscoliosis with Schmorl's node;also levoscoliosis; This study is being ordered for a neurological disorder.; unknown, first complaint and contact 03/02/2020; There has been treatment or conservative therapy.; Per pt report she has had scoliosis since middle school. States was told to follow up with x rays after her last pregnancy. States back is bothering her more than usual and is requesting xrays.; exercise amd medication therapy;xrays ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.;	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Associated symptoms include leg pain, tingling and weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Chronic low back pain, TTP, paraspinal tightness noted; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; has a diagnosis of chronic back pain, fibromyalgia and spasm. She has tried PT, baclofen and tizanidine wo relief. first visit 1/2020 most recent 05/18/2020. pt to see pain mgmt. but needs an MRI before they will see her.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; INCREASED LOW BACK PAIN, TTP, PARASPINAL TIGHTNESS NOTED, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain radiates down both legs making them feel weak; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient in severe pain and barely able to move; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; peripherl neuropathy numbness down legs pain in buttocks can't walk for very long because of weakness and 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Pt has severe back pain, neg xray, conservative therapy without relief. worsening 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 not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; NO CHANGE IN SYMPTOMS; CYCLOBENZAPRINE, DICLOFENAC, PREDNISONE	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 not directed conservative treatment for the past 6 weeks.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; motorcycle wreck 2017. numbness down legs pain getting worse x-rays from another doctor showed disc space narrowing; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	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.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 of home exercise with no improvement in symptoms. ;;Memper has also used a back brace and has used a walker to assist with walking.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 04/22/2020; There has been treatment or conservative therapy.; Pain in the lumbar spine region, as well as chronic pain in the right knee.; Pt has had Right hip surgery. Pt has had prescription therapy as well as conservative exercise therapy and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 05/10/2020; There has been treatment or conservative therapy.; Low back pain radiating down the right leg.; Chiropractor, Messages, Physical Therapy, Anti-inflammatory, and home stretches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Pt with lower back and right hip pain that is worsening. Anti-inflammatory medication and other prescription therapy has not helped. Physician guided exercise program has not had any effect.; There has been treatment or conservative therapy.; Pain in the right hip and lower back that have worsened over the last 7-8 months and showed no signs of responding to treatment plans.; NSAID and other prescription therapy. Physician guided exercise program. Home conservative exercise program.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 4/20/2020; There has been treatment or conservative therapy.; PAIN AND TINGLING; SHE HAS TAKEN OTC NSAIDS, USED HEAT/ICE THERAPY, AND CHIROPRACTIC ADJUSTMENTS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 05/08/2020; There has been treatment or conservative therapy.; SPINAL CYST;MID AND LOW BACK PAIN; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 05/18/2020; There has not been any treatment or conservative therapy.; Back pain for 5 years.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; this has been going on for over 4 years.; There has been treatment or conservative therapy.; cervical --headaches and neck pain causing tingling in the arms ;;lumbar-low back pain causing hip pain and tingling in both legs; Physical Therapy and injections.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 4 years ago; There has been treatment or conservative therapy.; neck pain, back pain, and chronic headaches.; medication, physical therapy, surgery, and home stretches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Initial onset: Approximate 25 years ago.; There has been treatment or conservative therapy.; Pain, shooting nerve pain, decrease functionality and difficulty walking, unsteady gait.; Is being sent for physical therapy. Has been evaluated by Neurosurgery at a previous date and was told he needed 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	4/15/2020 - Can't extend back due to pain. Unable to lay flat or raise legs. Worse pain of life.; This study is being ordered for a neurological disorder.; 07/2019; There has been treatment or conservative therapy.; Pain in back. Pain in Abdomen., looses use of leg when this happens.; Physical Therapy. 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 L-spine x-ray. Recurrent back pain with (R) sided sciatica noted; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Abnormal x-ray results. (R) sided sciatica and (R) sided weakness of lower ext noted on exam; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 radiates to sides; patient has had fatty tumors for past 20 years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2/2019; There has been treatment or conservative therapy.; chronic back pain; OTC nsaids, home physical therapy plan, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 with palpation and gentle attempts at ROM of the lumbar spine. Pain radiates to bilateral hips and 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 weakness.; Pt with hx of low back pain that is worse with increased activity or prolonged rest. Patient denies any significant injury or trauma to back. Patient is getting maximum relief with current medication, denies adverse effects and would like to continue trea; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	C/o chronic low back pain associated w/ ddd on recent lumbar ct results from OSH.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 really giving her pain, wondering if related to her kidneys. DDD lumbar noted. Hx of RA per patient. Tenderness. Negative SLR bilaterally. Pedal pulses 2+ and DTRs lower extremities normal. Back pain home exercise instructions give o; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; cyclobenzaprine (FLEXERIL) 5 mg Tablet;norflex;medrol pack	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Document exam findings&gt;	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Neuropathy, bilateral radiculopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; falls. tingling in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain started june 2019 after an epidural; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has difficulty standing on 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; trouble walking/weakness after being in sitting/laying position.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has 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</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness in lower extremities, Pt is stooping 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 12/18/2016; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Naproxen, Muldrow Dose Pack, Cant take 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2015; There has been treatment or conservative therapy.; Neck and back pain numbness and tingling in upper extremities.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2019; There has been treatment or conservative therapy.; Back pain; medication and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	For CT Brain the patient has Hydrocephalus with shunt in place .; This study is being 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.; Low back pain with Radicular pain shooting down the sacreal; Patient has tried medication for Back pain and it was unsuccessful; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	for further evaluation of spinal canal stenosis, disc fx, protrusion or herniation; 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.; Musculoskeletal: normal gait, good muscle tone, good ROM in all joints, no edema, no warm areas, muscle tightness to ls spine, mild edema and pain with palpation to L side L5 area;;Lower extremities: no edema, no cyanosis, pulses WNL, straight leg ra	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 scoliosis; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	just for pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; unknown	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 radiculopathy left foot with numbness. Xray revealed arthritic changes L2-L5.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 back: He exhibits pain. He exhibits no tenderness, no swelling and no spasm. ;Comments: Positive straight leg raise bilaterally.;Here to establish care with new provider, previously treated in this clinic- He has complaint of chronic back pain-he; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 back: She exhibits decreased range of motion, tenderness and pain.;;Comments: Tenderness to low back. Mild pain with SLR left. Pedal pulses 2+ and DTRs lower extremities normal. Foot drop left.;;Musculoskeletal: Positive for arthralgias, back; 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.; 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;Meloxicam	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 previous fractures, physical therapy made symptoms worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; low back pain that radiates to hip, left ankle pain, instability w left ankle; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; hydrocodeine	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 has become progressively worst and is radiating into her buttocks and is causing issues with her ADL. Pain has been present for 5 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.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 has been on going for over 4 months. No at home exercise, otc medication or rx medication helps.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain traveling down from back to hip to leg is causing the leg to feel weak, making it hard for the patient to get dressed, walk, etc.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 is radiating down the right leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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, decreased range of motion in 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.; October 2019 patient was seen for back pain, lower and upper, as well as cervical spine pain.; There has been treatment or conservative therapy.; neck, upper and lower back pain with weakness and numbness documented. Patient also has decreased range of motion in arms and legs; Patient has been given anti-inflammatory medications, she has also had some physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 dealing with this for 5-6 years and needs to see a specialist but needs an MRI before specialist will see the patient.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Intense pain found on bending, position, standing and twisting Stiffness, numbness and tingling This has been going on for 5-6 years and he has tried ice, heat, exercise, nsoids and bed rest. Those treatments provided NO relief.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 spinal stenosis and needs to see a neurosurgeon for further evaluation but must have a current MRI first.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 just continuing to worsen. Pain is radiating to his right buttock. Patient has tried several different medicine with not much 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Pain radiates to right buttock. Pain is in the lower, right lumbar spine and the upper, right and lower sacroiliac area.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 saw chiropractor 7 weeks who manipulated back. Pain and weakness in right leg adnd lower lumbar area since. No improvement with injection and PT; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Knee jerk 3/5 right and 5/5 left. Achilles reflex 3/5right and 5/5 left	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 day to day life has been severely affected by the pain. she has ambulatory problems as well as trouble sleeping, walking and standing; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/20; There has been treatment or conservative therapy.; Neck and low back pain with radiculopathy into the upper and lower extremities; Physical Therapy and anti-inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 comes in today to establish care; she is not fasting. Pt c/o mid-lower back pain. Pt reports pain is episodic and sharp. Pt denies anything makes her pain better or worse. She states that it "lock ups" she has had this problem for 2 years and has had i; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 NOT HELPING, PT IS HAVING LOTS OF PAIN.; This study is being ordered for trauma or injury.; 3/10/2020; There has been treatment or conservative therapy.; LOW BACK PAIN, HIP PAIN, CHEST WALL PAIN; PHYSICAL 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Pt paresthesia lumbar stiffness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Pt presents with back and neck pain that is chronic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 radiating to patient right calf and hips down to right thigh; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Discomfort is most prominent in the lower lumbar spine. This radiates to the right calf and hips. he characterizes it as dull. This is a chronic pain, but intermittent problem with an acute exacerbation. He states that the current episode of pain started ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Requesting MRIs for referral to new pain management provider.; This study is 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 on 02/28/2020 with complaints of RT shoulder and spine pain. patient with PHx of Degenerative bone and joint disease, arthritis.; There has been treatment or conservative therapy.; chronic pain in back with difficulty completing daily activities. pain in RT shoulder not improving with medication management.; patient has received medication management with pain medication including oxycodone, and NSAIDS including mobic 15 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 CLINICALS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; SEE CLINICALS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 tenderness in her lumber area on her x ray upper lumber spin showed a lot of aarthro in her spin; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.; Weakness and numbness and lower leg pain	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 of left and right paraspinal region at lumbar and iliolumbar region. Patient is unstable on feet. Pain is worsening and radiating down both legs. 9/10 on pain scale. Patient also has degenerative joint disease involving multiple joints.; The study 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 Spine Special Tests on Right: Right Straight Leg Raising positive, pain with moving/ picking up or pushing the right leg.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 study is being requested for None of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 study is being requested for Trauma or recent injury	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 study is being requested for None of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	41 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	42 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	13 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	24 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	25 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	told by physician her l4-l5 narrowing and;appeared to have abnormal disc and needed to be seen for order for MRI of lumbar spine.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; dropping items at home and work; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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.; pain is worsening, 6 weeks; hydrocodine-acetaninoten	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; AUTO ACCIDENT ON 4/20/20; There has been treatment or conservative therapy.; PAIN; MEDICATION, REST, HEAT/ICE THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Mid-March; There has been treatment or conservative therapy.; Sharp pain with laying down, walking, and sitting.; Patient given Tramadol 50mg TID 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	weakness in arm; This study is being ordered for trauma or injury.; 5/26/2020; There has been treatment or conservative therapy.; pain in neck, going down to right side shoulder & arm, hurting in lower back hurting in right leg.; inflammatory, steroids, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 it; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 show moderate thoracic rotoscoliosis with Schmorl's node;also levoscoliosis; This study is being ordered for a neurological disorder.; unknown, first complaint and contact 03/02/2020; There has been treatment or conservative therapy.; Per pt report she has had scoliosis since middle school. States was told to follow up with x rays after her last pregnancy. States back is bothering her more than usual and is requesting xrays.; exercise amd medication therapy;xrays ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	X; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is still in severe pain and unable to work.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had an x-ray which suggested a mass and recommended a CT to evaluate it.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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.; 3/17/2020; There has been treatment or conservative therapy.; Abdominal and pelvic pain; MEIDCATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 05/10/2020; There has been treatment or conservative therapy.; Low back pain radiating down the right leg.; Chiropractor, Messages, Physical Therapy, Anti-inflammatory, and home stretches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	requested more recent MRI for preoperative evaluation. This request was denied by patient's insurance.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient was diagnosed with scoliosis at age 13. She has had worsening back pain for the last 3 years.; There has been treatment or conservative therapy.; Pt reports have constant back pain currently for the past 6 months. States pain can become acutely worse and makes it difficult to walk. Relapses occur about twice per month. Pt reports when having an episode unable to flex or extend or rotate back in e; Takes ibuprophen and gabapentin, uses heating pads, takes hot showers, walking. None of this is sufficient. Pt has been taking gabapentin and ibuprophen for 3 years but has experienced progressive worsening of symptoms despite this treatment over the past; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Sacroccocygeal--with pelvic pain and lumbar radiculopathy-bilateral straight leg raise test is positive; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.; The ordering physician is not an orthopedist.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging,	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Severe infection, needs MRI for follow up after treatment; This study is being ordered for Inflammatory/ Infectious Disease.; Pt has been treated for 3 weeks with IV antibiotics for osteomyelitis of both hands. Needs MRI for clearance; There has been treatment or conservative therapy.; Hand pain and inflammation; 3 weeks IV antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	unknown; This study is being ordered for trauma or injury.; 5/20/2020; There has not been any treatment or conservative therapy.; cannot raise 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 05/065/2020; There has been treatment or conservative therapy.; NECK AND SHOULDER 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	abnormal xray; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	c/o right arm pain. states that he thinks he injured the arm memorial day weekend. has pain in the elbow and lower arm. ;;;+ weakness on exam. decreased grip strength; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	decreased range of motion with pain present, needs mri for further eval.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/02/2020. last office visit.; There has been treatment or conservative therapy.; neck pain with radiating pain down her shoulder; chiropractor, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given;patient is in extreme pain and cannot lift her arm above her head or rotate it; 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.; ; The patient received oral analgesics.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; not improving; injections in shoulder and etc.; The patient received medication other than joint injections(s) or oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pt system have worsening Pt started home treatment 2/4/2020 Suspected rotator cuff repair Neuro issues Limited ROM; The patient received oral analgesics.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	JOINT STIFFNESS AND PAIN THAT IS ON GOING FOR 3 MONTHS.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	left shoulder pain and right knee pain. She did see the physical therapist for the shoulder pain however she did not make much progress. She states the pain continues to get worse with activity. Her shoulder x-ray was within normal limits. has taken tora; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; Neck pain that radiates to RUE. shoulder pain radiates to rt. hand. Weakness in RUE, LROM on the rt. side; Pt. had 6wks. 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain in left shoulder for about a month that is progressively worsening. hurts to rotate and to internally rotate. exercises and stretching make pain worse.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain interferes with sleep.; This study is being ordered for trauma or injury.; 03/09/2020; There has been treatment or conservative therapy.; Neck and right shoulder pain.; Med, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	PCP at the hospital and she has been getting worse for 3 weeks she got a Arthrocentesis and it did not help at all; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 been taking muscle relaxer without relief. Elbow is swollen and painful. Had humerus xray at CHI - was told no fracture. Had repeat xrays here on 6/12/2020.; This study is being ordered for trauma or injury.; MVA 6/11/2020 went to CHI ER. Pt has been taking muscle relaxer without relief. Elbow is swollen and painful. Had humerus xray at CHI - was told no fracture. Had repeat xrays here on 6/12/2020.; There has been treatment or conservative therapy.; left shoulder; left elbow; joint swelling; tingling; sharp; worsening; with weak limbs, tingling, and numbness; ADLS do not improve with medication.; Pt encouraged to apply heating pad;Pt placed in sling and adjusted to pt's level of comfort. Instructed on proper wear and use. Instructed when to f/u.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 decreased range of motion after trauma. Suspected rotator cuff tear. unable to lift.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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. complain of acute pain of left shoulder, weakness in shoulder; started patient on Tizanidine HCL. Inst. to take anti-inflammatory meds. LIMITED range of motion to left shoulder with weakness and tenderness with numbness and tingling.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	RA; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Requesting MRIs for referral to new pain management provider.; This study is 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 on 02/28/2020 with complaints of RT shoulder and spine pain. patient with PHx of Degenerative bone and joint disease, arthritis.; There has been treatment or conservative therapy.; chronic pain in back with difficulty completing daily activities. pain in RT shoulder not improving with medication management.; patient has received medication management with pain medication including oxycodone, and NSAIDS including mobic 15 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Right wrist pain due to contusion from fall.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	States that he had a fall ~ 1 month ago and still in pain. Says that he takes hydrocodone at home for other issues, however it does no improve pain.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	10	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PT HAVING RIGHT SHOULDER PAIN, Worsening myalgia related to fibromyalgia but also post-herpetic neuralgia described in the upper back and shoulder region , worse for the last few weeks .Has been taking gabapentin, cyclobenzaprine and took Medrol dose pak ; The patient received oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; The patient received medication other than joint injections(s) or oral analgesics.; anti-inflammatory	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	Unknown; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient 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 ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 a 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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 6/10/2020; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 3/2020; There has been treatment or conservative therapy.; bilateral knee pain, weakness, tenderness; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	no previous fractures, physical therapy made symptoms worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; low back pain that radiates to hip, left ankle pain, instability w left ankle; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	PT IS HAVING CHRONIC PAIN SINCE LAST OCTOBER. IT POPS AND LOCKS DAILY. NO INJURY; 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; It is unknown if surgery is planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	RT foot pain and swelling x 1 month. just recently started on Diclofenac. ;ultrasound was "ok" ?venous Doppler. RT foot swelling over the 1st MTP and dorsal foot with tenderness. Enlarged MTP.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 06/2018; There has been treatment or conservative therapy.; Pain and limited range of motion in neck and knee; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 04/22/2020; There has been treatment or conservative therapy.; Pain in the lumbar spine region, as well as chronic pain in the right knee.; Pt has had Right hip surgery. Pt has had prescription therapy as well as conservative exercise therapy and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Pt with lower back and right hip pain that is worsening. Anti-inflammatory medication and other prescription therapy has not helped. Physician guided exercise program has not had any effect.; There has been treatment or conservative therapy.; Pain in the right hip and lower back that have worsened over the last 7-8 months and showed no signs of responding to treatment plans.; NSAID and other prescription therapy. Physician guided exercise program. Home conservative exercise program.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 4/20/2020; There has been treatment or conservative therapy.; PAIN AND TINGLING; SHE HAS TAKEN OTC NSAIDS, USED HEAT/ICE THERAPY, AND CHIROPRACTIC ADJUSTMENTS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; fatigue since 11-2019;pain about 6-8 weeks; There has not been any treatment or conservative therapy.; chest and abdomen pressure type 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	open wound of abdominal wall, diabetic;; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is still in severe pain and unable to work.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient stated, "she has an umbilical hernia and has had some abdominal pain, states, "she was diagnosed during her 01/2019 pregnancy.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient with several weeks of abdominal pain. vaginal ultrasound showed 3.2 x 3.2 adnexal mass; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Renal cyst;1.6.2020 MRI Abdomen W/WO Contrast ;;Impression:Probable solid lesion involving the lateral upper left kidney although;only mild internal enhancement. Still very well-defined. This will probably need percutaneous biopsy to confirm. Large 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.; 11/01/2019; It is not known if there has been any treatment or conservative therapy.; Renal cyst;1.6.2020 MRI Abdomen W/WO Contrast ;;Impression:Probable solid lesion involving the lateral upper left kidney although;only mild internal enhancement. Still very well-defined. This will probably need percutaneous biopsy to confirm. Large 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	The provider suspects the abdominal pain and nausea are being caused by the gallbladder; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/11/2019; There has been treatment or conservative therapy.; Weight loss, malnutrition; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ABD PAIN; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal distension; Abdominal pain, acute, nonlocalized. reports abdominal bloating and pain in lower quadrants. "It feels like my mesh failed"; This is a request for an Abdomen and Pelvis CT.; 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal Pain: She's had LLQ pain for the past 1 month. Says the pain comes & goes. It's not a sharp pain. Describes it as a menstrual cramp/pressure feeling. Sometimes if she fills her stomach with fluids, she feels like there's not enough room in there; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABD Pain: 3/20/20;; Neck Enlargement: 2/20/20; There has been treatment or conservative therapy.; Abdominal pain, neck enlargement.; ABD Pain: Exlax;; Neck Enlargement: 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	bypass; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/21/2020; There has not been any treatment or conservative therapy.; vomiting /shortness of breath/pain/nausea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;Nausia and flank pain; This is a request for an Abdomen and Pelvis CT.; 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.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;none; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	history of previous hernia; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	interment diarrhea and constipation; This study is being ordered for a neurological disorder.; more than 30days ago; There has not been any treatment or conservative therapy.; vision changes and disturbances, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	left upper abdominal mass possible hernia, right upper quadrant pain, chronic diarrhea; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Needing CT abd/pelvis in order to be seen @ urology; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; 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.; 03/09/2020; There has not been any treatment or conservative therapy.; quad 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient complains of sharp right side pain with tenderness and nausea; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having left lower quadrant pain that radiates to the left pelvis and lower back. Patient has a medical history of Diverticulitis.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is in extreme amount of pain CT needing performed to rule out kidney stone; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT IS PASSING MUCOUSY BLOODY STOOLS; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient sent to another dr to follow up with abnormal exam.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with a abnormal CT AB/Pelvis on Oct 19, 2019 followed by normal renal US. Provider feels this would indicate a follow up CT Scan to confirm no abnormal Kidney lesions as previously described in Oct 2019 report.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had flank pain 5 months ago, the s/s got better then returned 3 months ago. Pt started having hematuria 2 weeks ago.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has flank pain and a previous history of kidney stones. He describes the pain the same as he had at that time. Unable to perform UA due to COVID-19, this was a telehealth visit.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is c/o LUQ abdominal pain for 3 months. She has had an US showing cysts on bilateral kidneys.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	R/O kidney stone; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	radiation to the leg, 2 cm left lower quadrant mass;; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	rule out kidney stone, blood in urine; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	SEE CHART NOTES; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	She comes in today for 3 month follow up. She continues to follow specialty for headaches with neurology, seen Dr. Ganong for endo follow up in March, and seen Dr. Stripling last month as well for pap/gynecology needs. Continues to have issues with consti; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	stomach cramping pains for 2 weeks, reports mostly at night and early morning. pains are prior to urinating in lower abdomen. Abdominal tenderness, direct tenderness in the RLQ of the abdomen. Direct suprapubic tenderness; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	5 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; FAXING CLINICALS; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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 ; Reason: ELSE (system matched response); Melena; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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 ; Reason: ELSE (system matched response); UMBILICAL HERNIA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Periumbilical pain; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; The pain can last up to 3 hours. It feels like it is swelling and it will appear swollen during the times as well. However, it is not staying swollen in the area and the swelling goes away as the pain subsides. It stays "tender to the touch" all the time.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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 ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 3/17/2020; There has been treatment or conservative therapy.; Abdominal and pelvic pain; MEIDCATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Weight loss, unintended, non-localized abd pain; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 3.7 cm pancreatic cyst. Correlate with pathology. Future followup study would PREFERABLY be performed with MR.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	76497 Unlisted computed tomography	Radiology Services Denied Not Medically Necessary	CT/scan Renal Adrenal Glands due to Hyperkalemia; Requestor has decided to proceed with the unlisted code.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	chest pain relieved with nitro; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2020; There has been treatment or conservative therapy.; palpitations, chest pain & SOB; x--ray and ct 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	Patient has a heart murmur found on exam. Performed eKG which was abnormal showing Poor R wave progression. Family history of heart disease; 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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	She has a high ASCVD risk score. She is agreeable to have a calcium score. Her blood pressure has been in good control. She reports it is more normal at home. Her blood sugar has been doing well. Her LDL has been below 100 therefore she has been rel; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 a 60 year old female who presents to clinic today to establish care. The patient presents for treatment of HTN, chest pain and anxiety. Reviewed all current medications, allergies, surgeries, family history, and social history. Today the pa; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	Total coronary calcium score 1356.;Family history of heart disease; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/21/2020; There has not been any treatment or conservative therapy.; vomiting /shortness of breath/pain/nausea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2020; There has been treatment or conservative therapy.; palpitations, chest pain & SOB; x-ray and ct 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Patient is at high risk due to underlying CAD, obesity, type 2 dm, OSA; This study is being ordered for Vascular Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Shortness of breath, HTN, and 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	Patient will be admitted today for 24 hour cardiac observation. Patient had a loss of consciousness episode last night. Patient reports having 3 syncope episodes within this year.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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.; It is unknown if this is a request for follow up of a known murmur.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition,	Radiology Services Denied Not Medically Necessary	pt has had a abnormal 24 houlter report, abnormal ekg, pt is being set up with cardiology.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	Patient will be admitted today for 24 hour cardiac observation. Patient had a loss of consciousness episode last night. Patient reports having 3 syncope episodes within this year.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG SCREENING	Radiology Services Denied Not Medically Necessary	cough wt loss; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG SCREENING	Radiology Services Denied Not Medically Necessary	Impression:;1. LungRADS Category 4-A.;2. Recommended follow-up is three-month low-dose chest CT April 2020.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Patient has been having unexplained weight loss for over 9 months. He has consulted a gastroenterologist which all his test have come back normal.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Geriatrics	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Geriatrics	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material	f/u pulm 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	restaging kidney 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging kidney 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Gynecologic Oncology	Disapproval	74176 Computed tomography, abdomen and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		- PET/CT from 09/04/2014 showed metabolically active multilobulated left breast masses with the left breast central mass measuring 2.2 x 1.9 cm, SUV 11.2 and adjacent posterolateral lateral left breast mass, 1.8 x 1.5 cm with an SUV of 3.5. ;- There was; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. &gt;This study is being ordered for a metastatic disease surveillance known breast ca x 2 1. stage 3a 2. stage 1a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		for evaluation of breast cancer and lung nodule; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	for evaluation of stage IV metastatic GE junction cancer on chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	for restaging evaluation of follicular NHL; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	Reason:Memory loss.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	The patient has new symptoms of weight loss, headaches and anorexia of unclear etiology and will be referred for GI evaluation. She will have CT scans and bone scan prior to return.1. History of stage I, pT2N0M0, right breast cancer 3:00 position s/p exc; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	15	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is a recurrence or metastasis.; This study is being requested for known or suspected brain tumor, mass or cancer.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	for restaging evaluation of follicular NHL; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	lesion RIGHT retromolar area;SCC final path;very thin; all margins negative;PET scan looks great;no new issues; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	13 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	18	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	9	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	5	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; The patient did NOT have a stroke in the last month.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound showed stenosis or narrowing of the artery.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has dizziness.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	; The patient did NOT have a stroke in the last month.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound showed stenosis or narrowing of the artery.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has dizziness.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here LUNG CANCER PATIENT WITH HEADACHES, DIZZINESS AND RIGHT SIDED SKULL PAIN - or Type In Unknown If No Info Given.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	initial staging for small cell lung cancer. Evaluate for METS on brain.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Monitoring for Treatment Response; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MRI of brain is needed for staging purposes and before beginning any time of radiation or chemotherapy.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	PATIENT WITH NEWLY DIAGNOSED LUNG CANCER AND NEEDS PET/CT AND MRI BRAIN FOR INITIAL STAGING.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is Hematologist/Oncologist	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	23 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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.	27	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	- PET/CT from 09/04/2014 showed metabolically active multilobulated left breast masses with the left breast central mass measuring 2.2 x 1.9 cm, SUV 11.2 and adjacent posterolateral lateral left breast mass, 1.8 x 1.5 cm with an SUV of 3.5. ; - There was; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	'Malignant neoplasm of left kidney; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	12	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	24 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	2 NEW 6 MM IRREGULAR PULMONARY NODULES IN THE RIGHT UPPER LOBE WITH NEW SMALL NODULAR DENSITIES IN THE ADJACENT LUNG PARENCHYMA. LUNG RADS CATEGORY 4A.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	02/25/2020; There has not been any treatment or conservative therapy.; skin cancer and lesions; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	3 MO FOLLOW UP OF PANCREATIC CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	04/11/2017; There has been treatment or conservative therapy.; Pain, Tumor coming out of the skin; Surgery, Chemo, Radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	4/29/20-OFFICE VISIT-Arthur has an esophageal cancer with liver metastases. It, under the microscope, was read as a small cell cancer which is very uncommon. Assuming that is true, he will get chemotherapy with VP-16 and carboplatin. If it turns out to be; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	10/24/2019; There has been treatment or conservative therapy.; Severe Abdominal Pain, Rectal bleeding, Swollen throat; Chemo, Medication; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	4	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	53	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	54	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CHEMOTHERAPY REGIMEN: q3 weeks to begin on 9/3/19;Keytruda 200 mg IV.;;9/3/19 C1D1 Keytruda;;9/24/19: C2 Keytruda;;10/15/19: C3 Keytruda;;11/5/19: C4 Keytruda ;;11/12/19: CT CAP: There is a stable lesion in the anterior mediastinum that re; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals attached; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CT SCAN IN HOSPITAL SHOWED LYMPHADENOPATHY. DR WANTING 4 MONTH FOLLOW UP SCAN.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;This study is being ordered for a metastatic disease surveillance known breast ca x 2 1. stage 3a 2. stage 1a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation and Management of: Bladder cancer.; MRI A/P and CT CHEST for restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation and Management of: breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation and Management of: pancreatic cancer.; CT C/A/P for restaging and EXAM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW UP CT FOR SUSPICIOUS 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Follow up Malignant neoplasm of unspecified fallopian tube; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for evaluation of breast cancer and lung nodule; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for evaluation of stage IV metastatic GE junction cancer on chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for restaging evaluation of follicular NHL; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	lesion RIGHT retromolar area;SCC final path;very thin; all margins negative;PET scan looks great;no new issues; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Per 4/8/20 CT, patient with multiple right lung nodules. Patient with history of lung cancer in 2003. Patient with history of colon cancer.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	PT HAS HISTORY OF STAGE 3 COLON CANCER AND CT SCAN IN NOV 2019 REVEALS STABLE LUNG NODULES BUT SHORT TERM CT SCAN FOLLOW UP IS RECOMMENDED. PATIENT HAD BEEN SCHEDULED IN FEB 2020 FOR CT AND OFFICE VISIT BUT SHE CANCELLED THOSE APPOINTMENTS.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	R/O LINCX SYNDROMESTARTS RADIATION TREATMENT BLOOD WORK ERYTHROPOIETIN THAT LEVEL 97.5 AND NORMAL IS 2.6-2.18.5HIGH ELEVATION 46 NORMAL IS 0-20LOW BLOOD COUNT OF 2.22 AND NORMAL IS 4.1 -10.9NIE# 1.38 NORMAL 2.0-7.8FIGO 1a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	restaging of breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Stage IV nonsmall cell lung cancer. He will resume his Keytruda next week. He has missed 2 doses due to COVID. We will plan to;administer 2 doses, 3 weeks apart, followed by restaging CT chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	13	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	14	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	15	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	36	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The patient has new symptoms of weight loss, headaches and anorexia of unclear etiology and will be referred for GI evaluation. She will have CT scans and bone scan prior to return.1. History of stage I, pT2N0M0, right breast cancer 3:00 position s/p exc; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	127	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	36	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Will fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	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.; Yes, this is a request for a Chest CT Angiography.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	There are 2 exams are being ordered.; One of the studies 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	There are 3 exams are being ordered.; One of the studies 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72125 Computed tomography, cervical spine; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72128 Computed tomography, thoracic spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is suspicion of lumbar spine neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Known tumor with or without metastasis	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	INTERMITTENT LOSS OF MOTOR FUNCTION, NEW ONSET BACK PAIN; 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.; INTERMITTENT LOSS OF MOTOR FUNTION, NEW ONSET 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 recent evidence of a thoracic spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	10	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Known Tumor with or without metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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.	3	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is Hematologist/Oncologist	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, 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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Back pain and sacral tenderness. We are going to set her up for further evaluation of this area with MRIs of the lumbar spine and;pelvis, including the sacrum.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Decided to proceed with bone scan and MRI Pelvis to further evaluate for prostate cancer with bone metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Elevated PSA- PROSTATE CANCER SUSPECTED; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Evaluation and Management of: Bladder cancer.; MRI A/P and CT CHEST for restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	9	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	8	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	10	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast	'Malignant neoplasm of left kidney; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	4/29/20-OFFICE VISIT-Arthur has an esophageal cancer with liver metastases. It, under the microscope, was read as a small cell cancer which is very uncommon. Assuming that is true, he will get chemotherapy with VP-16 and carboplatin. If it turns out to be; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	PET-CT REQUEST WAS DENIED DURING PEER TO PEER DISCUSSION AND DR JAUSS WAS UNDER THE IMPRESSION THAT A CT-ABD WAS IN LINE WITH MEDICAL GUIDELINES. PATIENT HAS HAD A CHANGE IN HANDWRITING ABILITY AND SUFFERING GAIT WAS DOCUMENTED.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	- PET/CT from 09/04/2014 showed metabolically active multilobulated left breast masses with the left breast central mass measuring 2.2 x 1.9 cm, SUV 11.2 and adjacent posterolateral lateral left breast mass, 1.8 x 1.5 cm with an SUV of 3.5. ; - There was; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/25/2020; There has not been any treatment or conservative therapy.; skin cancer and lesions; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3 MO FOLLOW UP OF PANCREATIC CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/11/2017; There has been treatment or conservative therapy.; Pain, Tumor coming out of the skin; Surgery, Chemo, Radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/24/2019; There has been treatment or conservative therapy.; Severe Abdominal Pain, Rectal bleeding, Swollen throat; Chemo, Medication; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Annual surveillance of colon cancer diagnosis. Recommended for annual surveillance x5 years; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CHEMOTHERAPY REGIMEN: q3 weeks to begin on 9/3/19;Keytruda 200 mg IV.;;9/3/19 C1D1 Keytruda;;9/24/19: C2 Keytruda;;10/15/19: C3 Keytruda;;11/5/19: C4 Keytruda ;;11/12/19: CT CAP: There is a stable lesion in the anterior mediastinum that re; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	clinicals attached; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;This study is being ordered for a metastatic disease surveillance known breast ca x 2 1. stage 3a 2. stage 1a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Evaluation and management of his prostate cancer.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Evaluation and Management of: breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Evaluation and Management of: pancreatic cancer.; CT C/A/P for restaging and EXAM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Follow up Malignant neoplasm of unspecified fallopian tube; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for evaluation of breast cancer and lung nodule; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for evaluation of stage IV metastatic GE junction cancer on chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for restaging evaluation of follicular NHL; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O LINC SYNDROME STARTS RADIATION TREATMENT BLOOD WORK ERYTHROPOIETIN THAT LEVEL 97.5 AND NORMAL IS 2.6-2.18.5 HIGH ELEVATION 46 NORMAL IS 0-20 LOW BLOOD COUNT OF 2.22 AND NORMAL IS 4.1 -10.9 NIE# 1.38 NORMAL 2.0-7.8 FIGO 1a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	restaging of breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	12	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	14	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	15	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	36	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient has new symptoms of weight loss, headaches and anorexia of unclear etiology and will be referred for GI evaluation. She will have CT scans and bone scan prior to return.1. History of stage I, pT2N0M0, right breast cancer 3:00 position s/p exc; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	110	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	32	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	14 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Follow up for colon cancer.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; ; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	18	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	19 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Evaluation and Management of: Bladder cancer.; MRI A/P and CT CHEST for restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	New patient: Initial evaluation and management of her adrenal mass; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 had an Abdomen MRI in the last 10 months.; The patient is presenting new signs or symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 had chemotherapy, radiation therapy or surgery in the last 3 months.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; Enter answer here - or Type PATIENT WITH KNOWN RECTAL CANCER WITH KNOWN LIVER METS CURRENTLY UNDERGOING CHEMOTHERAPY AND NEEDS MRI ABD TO ASSESS RESPONSE TO CHEMOTHERAPY AS LIVER FUNCTIONS ARE INCREASING	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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."; PANCREATIC CANCER, ELEVATED ALK PHOS	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; pancreatic lesion	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt w/ increasing lft's and known lung ca	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; 4-22-2020 CTA abdominal aorta reported a 2.2 cm round focus of increased enhancement within the posterior segment of the right lobe of the liver of indeterminate finding. Further evaluation with MR imaging of the abdomen with hemangioma protocol may prov	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without	There are 2 exams are being ordered.; One of the studies 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging,	; This is a request for an MRI Bone Marrow.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	7	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	There are 3 exams are being ordered.; One of the studies 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	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.; Cardiotoxic medication with shortness of breath	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	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.; headaches, shortness of breath, blurred vision and diplopia and sinus congestion	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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.; MUGA next available for evaluation of heart function while on cardiotoxic treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	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.;	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Plan;-RECOMMEND ADJUVANT CHEMOTHERAPY after she has completely healed from her surgery. Plan is to ddAC x 4 followed by paclitaxel every 2 weeks for 4 doses. We will set her up for chemo education.;-MUGA scan ordered. She already has a port	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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.; Enter answer here - or Type In Unknown If No Info Given. &gt;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic),	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.; LAST MUGA WAS RIGHT AT 3 MONTHS AGO ON 3/3/20; PATIENT HAS BEEN RECEIVING CHEMO AND IS APART OF A RESEARCH STUDY	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	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.;	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	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.; recently dx needing muga to begin chemo	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	Decided to proceed with bone scan and MRI Pelvis to further evaluate for prostate cancer with bone metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	for full baseline staging evaluation of lung adenocarcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	PATIENT WITH NEWLY DIAGNOSED LUNG CANCER AND NEEDS PET/CT AND MRI BRAIN FOR INITIAL STAGING.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	There are 2 exams are being ordered.; 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 Hematologist/Oncologist	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Head/Neck 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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)	6 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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)	10	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for 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)	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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)	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 how many PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	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)	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Initial Staging; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; 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)	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; 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)	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 being ordered to distinguish tumor(s) from treatment related tissue necrosis.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 being ordered to distinguish tumor(s) from treatment related tissue necrosis.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a 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)	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a 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)	4	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	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)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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)	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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)	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	3 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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)	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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)	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	Clinicals attached.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Clinicals attached.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Enter answer here - or Type In If No Info Given. ;BREAST CANCER PATIENT RECEIVING CARDIOTOXIC CHEMOTHERAPY; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	followup for chemotherapy 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Patient needs baseline study for High risk medication use. Hx of hypertension.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	There are 2 exams are being ordered.; One of the studies 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	There are 3 exams are being ordered.; One of the studies 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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.	10	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-		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).	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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 Hematologist/Oncologist	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	NERVE SHEATH TUMOR-THE RECENT MRI SUGGEST THIS IS LIKELY A NEUROFIBROMA. ADDITIONAL TESTING WILL BE NECESSARY TO DETERMINE IF THIS IS ASSOCIATED WITH A NEUROFIBROMATOSIS DIAGNOSIS.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	START TREATMENT FOR CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NERVE SHEATH TUMOR-THE RECENT MRI SUGGEST THIS IS LIKELY A NEUROFIBROMA. ADDITIONAL TESTING WILL BE NECESSARY TO DETERMINE IF THEIS IS ASSOCIATED WITH A NEUROFIBROMATOSIS DIAGNOSIS.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	NERVE SHEATH TUMOR-THE RECENT MRI SUGGEST THIS IS LIKELY A NEUROFIBROMA. ADDITIONAL TESTING WILL BE NECESSARY TO DETERMINE IF THEIS IS ASSOCIATED WITH A NEUROFIBROMATOSIS DIAGNOSIS.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Acute or Chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain and sacral tenderness. We are going to set her up for further evaluation of this area with MRIs of the lumbar spine and;pelvis, including the sacrum.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	NERVE SHEATH TUMOR-THE RECENT MRI SUGGEST THIS IS LIKELY A NEUROFIBROMA. ADDITIONAL TESTING WILL BE NECESSARY TO DETERMINE IF THEIS IS ASSOCIATED WITH A NEUROFIBROMATOSIS DIAGNOSIS.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is Hematologist/Oncologist	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT NEWLY DX WITH MULTIPLE MYELOMA TEST IS FOR INITIAL STAGING; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	PELVIC PAIN, HISTORY OF LYMPHOMA; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient initially seen for low platelets, elevated white blood cells, hepatic dysfunction with increased soft tissue activity noted on liver/spleen scan. Will need CT any to assess formalignancy, solid tumor or suspected leukemia.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PT COMES IN WITH LOW PLATELETS PT ALSO HAVING CONSTIPATION AND BRIGHT RED BLOOD PER RECTURM; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	START TREATMENT FOR CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unspecified ovarian cyst, right side.;Acute embolism and thrombosis of unspecified deep veins of left lower extremity.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	77084 Magnetic resonance (eg, proton) imaging,	Radiology Services Denied Not Medically Necessary	Restaging after chemo; This is a request for an MRI Bone Marrow.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise)	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise)	Radiology Services Denied Not Medically Necessary	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.; RESPONSE TO TREATMENT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	NERVE SHEATH TUMOR-THE RECENT MRI SUGGEST THIS IS LIKELY A NEUROFIBROMA. ADDITIONAL TESTING WILL BE NECESSARY TO DETERMINE IF THIS IS ASSOCIATED WITH A NEUROFIBROMATOSIS DIAGNOSIS.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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)	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 requested for Breast Cancer.; This is NOT a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; 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 Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 Lung Cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	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)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Hospital	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hospital	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,		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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hospital	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	5/29/2020; There has been treatment or conservative therapy.; Abdominal pain. Nausea.; Previous imaging studies. Medication.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Hospital	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	5/29/2020; There has been treatment or conservative therapy.; Abdominal pain. Nausea.; Previous imaging studies. Medication.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Industrial Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Industrial Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,		This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Industrial Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	patient is having 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; will fax in; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; will fax in; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Mr. Rogers is a 61-year-old man who presents for followup for epidural abscess and bacteremia due to methicillin-sensitive Staph aureus. This occurred following a laminectomy for resection of an extramedullary tumor. He would undergo evacuation of this ; The study requested is a Lumbar Spine MRI.; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; will fax in; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	clinicals attached.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/11/2020; There has been treatment or conservative therapy.; Fatigue, not feeling well, rash, throat swelling, neck stiffness, headache, elevated CRP; Clinicals attached; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	ID for multiple echinococcal cysts of the liver. Delayed images;through the kidneys and bladder were obtained; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a suspected bacterial infection, he came into contact with someone who has HIV.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	clinicals attached.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/11/2020; There has been treatment or conservative therapy.; Fatigue, not feeling well, rash, throat swelling, neck stiffness, headache, elevated CRP; Clinicals attached; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ID for multiple echinococcal cysts of the liver. Delayed images;through the kidneys and bladder were obtained; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	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.; 02/17/2020; There has been treatment or conservative therapy.; chest pain, dizziness, back and neck pain. N/V, diarrhea, SOB, cough, wheezing, and chills.; Refer to Dr. Griffin (cardiology) to evaluate 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		syncopal episode over 1 month ago, floater left eye X 1 week, closed head injury 1 month ago.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Tension and migraine headaches, trying to rule out small sub-dural bleed.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	4	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; This is a Medicare member.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	unknown; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/15/20; There has been treatment or conservative therapy.; headaches, 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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; This is a Medicare member.; It has been 28 or more days since onset	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	patient has a left supraclavicular nodule .; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	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 done.; The patient has been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 5-11-2020; There has not been any treatment or conservative therapy.; Dizziness and passing out; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 5-11-2020; There has not been any treatment or conservative therapy.; Dizziness and passing out; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient has intermediate headaches and dizziness for over a month.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for trauma or injury.; less than a year ago; There has been treatment or conservative therapy.; pain radiating down into his right arm associated with numbness and weakness in that arm. He says he feels like the pain radiates from his neck and travels down into his fourth and fifth fingers. It is worse when he turns his head side to side or lays on ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	has had some LOC and apparently some memory loss;His AAA has not been monitored in a while. Needs to have a repeat exam to monitor this; This study is being ordered for a neurological disorder.; 6-1-20; There has been treatment or conservative therapy.; SYNCOPE;MEMORY 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	none; This study is being ordered for a neurological disorder.; 04/06/2020; There has been treatment or conservative therapy.; none; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Severe Headache, Nausea, High BP, at risk for tick borne illness; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; None of the above best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; This is a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Tressie M McJunkins is an 71 y.o. female who presents for ER follow-up after having another syncopal/near syncopal episode. She is now had for total the last couple years, often provoked by nausea/diarrhea or abdominal pain. She frequently has loss of b; This request is for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; her symptoms started in march 2020, she has went to the ER and two doctor visits.; There has been treatment or conservative therapy.; pt has horrible chest pain worse with everything she does, also developed abdomen pain that doesnt go away, has gotten worse and not better.; when seen in the ER they prescribed her lidocaine patches and toradol for the pain, pt states nothing helps the pain. has taken NSAIDS for inflammtion since march.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	02/25/2020; There has not been any treatment or conservative therapy.; skin cancer and lesions; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	04/11/2017; There has been treatment or conservative therapy.; Pain, Tumor coming out of the skin; Surgery, Chemo, Radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	05/12/2020; There has been treatment or conservative therapy.; Increase in fatigue; Weight is down 11 lbs since 5/2020 . He has had off and on generalized abdominal pain; + nausea; + constipation. He does endorse dyspnea on exertion.; Plan.; Depression: Will get back on celexa. Notify me or seek medical attention if develop SI or HI. ;OSA: Cont CPAP;HTN: The current medical regimen is effective; continue present plan and medications.; Afib: Continue follow up with cardiology;H; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	10/24/2019; There has been treatment or conservative therapy.; Severe Abdominal Pain, Rectal bleeding, Swollen throat; Chemo, Medication; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	11 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal Xray.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Abnormal 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain radiating to back. Acid reflux. Patient has CAD.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	COUGH, CHANGES ON CTA EXAMINE, RIGHT LOWER LOBE OF THE LUNG; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Known COPD; tobacco user; previous cat scan showed enlarged mediastinal lymph node a year ago.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lung nodule, less than 1cm, mod-high risk; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lymphoma, neoplasm.Mixed cellularity Hodgkin lymphoma of lymph nodes of inguinal region; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>MANA HEALTH SERVICES          PRECERTIFICATION REQUEST          FORM;Patient Information;Name: AmyHutcherson;DOB:10/07/1975;IDX #: ;ID: ;Home Phone: 479-200-7055;Work Phone: ;Alt Phone:479-200-7055;Referring Provider Information;Referring Provider: NORYS;; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>odule found on exam; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient has a 5mm Subplural Nodule in the right lobe that was found in April 26, 2019. It was recommended that patient follow up in 12 months for a repeat CT Chest.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has COPD; 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 ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient presented with chest pain in the ER several weeks ago, cont to have pains, Chest Xray shows a Nodular Density in the Right upper lung measuring 1.3 cm in diameter.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient with a significant past medical history of a foreign body that penetrated to his axilla and through his chest wall he had to go to Mayo Clinic back in December for surgery to remove remaining pieces of wood he states that he has not had any recent; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has cracked rib, dry cough, dysuria; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	She is still complaining of chest pain Her chest pain was sharp stabbing pain over left anterior chest wall ttp with no diaphoresis or shortness of air the pain started 2 days ago while she was laying in bed it does not radiate and it does not feel like h; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	staging/Small cell lung cancer, left upper lobe; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Trauma10/2018;stick entering the left arm and lodging itself between the spine and his esophagus in the upper chest/neck region;;Infection source the Left axillae, chronic drainage of a furuncle, which is suspected connected to sequestered bacteria v; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	will fax in; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	BICUSPID AORTIC VALVESCAD VS SCLEROSIS ON TEE; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; less than a year ago; There has been treatment or conservative therapy.; pain radiating down into his right arm associated with numbness and weakness in that arm. He says he feels like the pain radiates from his neck and travels down into his fourth and fifth fingers. It is worse when he turns his head side to side or lays on ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Pt is having increased pain in lower back 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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?	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM;Patient Information;Name: ;CELIO; CARACHURE CRUZ;DOB: ;08/05/1968;IDX #: ;1252015;ID: ;Home Phone: ;479-200-6823;Work Phone: ;(479) 263-7430;Alt Phone: ;479-313-4999;Referring Provid; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain radiates to the right arm. The apparent precipitating event was a fall. Past medical history is pertinent for prior shoulder injury ( rotator cuff tear ).; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Enter answer here - or Type In Unknown If No Info Given. &gt;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; 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 ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is 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 1 2020; There has not been any treatment or conservative therapy.; leg swelling/tightness in leg/warm to touch/burning sensation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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; It is unknown if surgery is planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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 exercise program; Surgery is NOT being planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 receiving long-term steriod therapy (Prednisone or Cortisone).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; her syptoms started in march 2020, she has went to the ER and two doctor visits.; There has been treatment or conservative therapy.; pt has horrible chest pain worse with everything she does, also developed abdomen pain that doesnt go away, has gotten worse and not better.; when seen in the ER they prescribed her lidocaine patches and toradol for the pain, pt states nothing helps the pain. has taken NSAIDS for inflammtion since march.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	gallbladder; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	has had some LOC and apparently some memory loss;His AAA has not been monitored in a while. Needs to have a repeat exam to monitor this; This study is being ordered for a neurological disorder.; 6-1-20; There has been treatment or conservative therapy.; SYNCOPE;MEMORY 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/25/2020; There has not been any treatment or conservative therapy.; skin cancer and lesions; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/11/2017; There has been treatment or conservative therapy.; Pain, Tumor coming out of the skin; Surgery, Chemo, Radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	05/12/2020; There has been treatment or conservative therapy.; Increase in fatigue; Weight is down 11 lbs since 5/2020 . He has had off and on generalized abdominal pain; + nausea; + constipation. He does endorse dyspnea on exertion.; Plan;;Depression: Will get back on celexa. Notify me or seek medical attention if develop SI or HI. ;OSA: Cont CPAP;HTN: The current medical regimen is effective; continue present plan and medications.;Afib: Continue follow up with cardiology;H; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/24/2019; There has been treatment or conservative therapy.; Severe Abdominal Pain, Rectal bleeding, Swollen throat; Chemo, Medication; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abnormal Xray.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Abnormal 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	follow-up after surgery; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	iguana hernia, watery bowel movements, h/x of diverticulosis; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Lymphoma, neoplasm.Mixed cellularity Hodgkin lymphoma of lymph nodes of inguinal region; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with known crohns disease. Ordering CT Enterography to get a better look at small bowel fistula.; This is a request for an Abdomen and Pelvis CT.; 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 Crohn's Disease.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has a history of abd pain, Pt is having ABD Pain and has IBD dz. We need to rule out crohn's while pt is flaired up.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	R/O PROSTATITIS, INFECTION; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Reason for Visit;;Allergies and Sinus Problem (Right side painful);Allergies ;Presenting symptoms: no difficulty swallowing, no rash and no wheezing ;Sinus Problem ;Pain details: ; Location: Frontal and maxillary (right sided); Quality: Dull a; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	rectal tenemus; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	staging/Small cell lung cancer, left upper lobe; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal tenderness (In the pelvic region in the area of the incision where she had mesh implanted but also slightly in the lower quadrants on deep palpation); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; acute abdomen pain w/diarrhea, nausea and vomiting times 1 week.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; increased abdominal pain, history of hernia repair, getting worse; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; PT has been having pain in abdomen. Wanting CAT scan, and cancer runs in her family.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax in; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; It is unknown if there is suspicion of metastasis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; 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.; 03/12/2020; There has been treatment or conservative therapy.; pain in abdomen; proton pump inhibitors, antacids, antibiotics, Abd. Pelvis CT scan. endoscopy (upper and lower), US, GI consult.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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. No evidence of nephrolithiasis or obstructive uropathy.;2. Small low-density lesion measuring 9 mm in the lower pole of the;left kidney is slightly heterogeneous in appearance. Characterization;is limited due to its small size. This may represent a	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; PANCREAS 2.1MILL AREA DECREASEED DENSITY INSIDE THE PANCREAS	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 NO suspicion of metastasis.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Enter answer here - or Type In Unknown If No Info Given. &gt;	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; needing to rule out obstruction or malignancy. 3.20.20 us was done for elevated lfts, again on 5.22.20. us abd limited was done nremarkable sonographic appearance of liver. obstructive pattern of liver function testing further assessment could be obtained	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, 77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Chest Pain, unable to do Stress test in clinic due to potassium too high; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	THIS PATIENT HAS A HISTORY OF DIABETES, CVA , HTN AND 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/17/2020; There has been treatment or conservative therapy.; chest pain, dizziness, back and neck pain. N/V, diarrhea, SOB, cough, wheezing, and chills.; Refer to Dr. Griffin (cardiology) to evaluate 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	CHRONIC RENAL DISEASE STAGE 3, PVD, HYPERLIPIDEMIA, STASIS DERMATITIS LE; This study is being 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.; 37 Y/O MALE, FORMER SMOKER, HX HTN, OBESITY BMI 46.5 WT AND BMI IS WRONG IN DR. NOTE. HE IS 6 FT. 2 AND 362.4 LBS. AND OSA. HAVING SOB . NO HX OF CAD. UNABLE TO WALK ON A TREADMILL. HAS C/O ALSO OF BLURRED VISION, NAUSEA AND DIZZINESS. Idiopathic periph; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Dizziness, lightheadedness, hx tia, htn, fatigue.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	She endorses she has had swelling in her hands in feet over the past one month. Has been worsened with heat. Last echo 1/2019 with cardiology.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of an abnormal heart rhythm.; The ordering provider is NOT a Cardiac Surgeon, Cardiologist, Thoracic Surgeon or Hematologist/Oncologist; This study is being ordered for none of the above or don't know.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe	; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	The patient is presenting new symptoms of chest pain or significant EKG changes.; "The patient has not had a nuclear cardiology study since surgery, angioplasty, stent or MI."; The patient has not had a stress echocardiogram since surgery.; 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 a Post Myocardial Infarction Evaluation.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	11	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	12	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN		unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 5-4-20; There has not been any treatment or conservative therapy.; member on blood thinner, bleeding , head trauma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Positive for ear pain. Negative for congestion, sinus pressure and sore throat. ;Pain to left temple and left jaw ;Jaw: Tenderness and pain on movement present. ; Comments: TMJ; Right Ear: Ear canal and external ear normal. A middle ear effusion ; "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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	will upload clinicals; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; It has been less than 28 days since onset	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a painful neck mass on RT side of 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 neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	member pass out for 10 min last week,same thing happen 10 years, ct of head was negative; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	member pass out for 10 min last week,same thing happen 10 years, ct of head was negative; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 04/06/2020; There has been treatment or conservative therapy.; none; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	female complains of N/V and vertigo that onset this morning. Pt states that it is worse when she moves her head to the left side. Pt hasn't had this happen to her before. Pt denies numbness, weakness or tingling to her body. Positive for nausea and vomiti; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Memory loss with tremors and history of DVT. Also has history of 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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate for rib fractures not detected on Xray and liver involvement; This study is being ordered for trauma or injury.; 05/01/2020; There has been treatment or conservative therapy.; Bruising, Chest wall and right flank RUQ, Pain when breathing, RUQ Pain and tenderness Chest wall pain Right lower anterior chest, wheezing in patient with COPD; Rest, ice 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Global pulmonary findings;;Moderate centrilobular emphysema. Scattered areas of mucous plugging;are present within basilar segmental bronchi bilaterally, primarily;involving the posterobasilar segments; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is presenting new signs or symptoms.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; There is weakness.; neck pain with right arm weakness, burning side cramp also in neck.then is unable to tilt head; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pain with motion (10% ROM of all movements) ringing in the ears (tinnitus). Has cervical radiculopathy and history of untreated fracture. Has radiculopathy down both arms. Is also having tinnitus, visual changes and HA's. Has had multiple head injury. has; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 has been having neck pain for over a week. He has been taking Naproxen with no relief	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; There has been treatment or conservative therapy.; Pain in neck and low back, numbness in right hand intimately.; Oral Meds., and Pain Manag.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 trauma or injury.; less than a year ago; There has been treatment or conservative therapy.; pain radiating down into his right arm associated with numbness and weakness in that arm. He says he feels like the pain radiates from his neck and travels down into his fourth and fifth fingers. It is worse when he turns his head side to side or lays on ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient stated that she is having abnormal vaginal bleeding since accident.; 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.; Patient is having trouble lifting anything due to weakness. The patient cannot reach over her head.; The 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Pain in neck and low back, numbness in right hand intimately.; Oral Meds., and Pain Manag.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Details: CC of L hip pain primarily. Presents w/ worsening L hip pain. Rates 8/10. Has some pain radiation down L leg. Has occasional numbness of L leg. Sometimes L thigh feels tight. Denies L leg giving out. Denies loss of bowel or bladder function. Has ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral side & nerve compression. right greater than left.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	left side sciatic painongoing for 2 monthslost her job due to it PT and failed; The study 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Needs MRI for referral to Neurosurgery.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; GABAPENTIN	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Radiculopathy, greater than 6wks conservative tx, persistent sx; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	stiffness; The study requested 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/burning; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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.; The patient does have a new foot drop.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Pain in neck and low back, numbness in right hand intimately.; Oral Meds., and Pain Manag.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72192 Computed tomography, pelvis; 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.; 12/19; There has been treatment or conservative therapy.; weight loss, persistent abdominal pain,; meds, labs, GI 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with 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.; 03/12/2020; There has been treatment or conservative therapy.; pain in abdomen; proton pump inhibitors, antacids, antibiotics, Abd. Pelvis CT scan. endoscopy (upper and lower), US, GI consult.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-1-2020 Pt has has prior surgery in 2018; There has been treatment or conservative therapy.; pain; has had prior surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-1-2020 Pt has has prior surgery in 2018; There has been treatment or conservative therapy.; pain; has had prior surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient was moving furniture and hurt her shoulder; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	She continues to have left shoulder pain; ROM is decreased.Musculoskeletal: Positive for arthralgias.Unable to perform abduction of left shoulder; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; 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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	will fax in clinicals; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March 1 2020; There has not been any treatment or conservative therapy.; leg swelling/tightness in leg/warm to touch/burning sensation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Left ankle pain: Going on for 8 to 9 months. Does not recall any trauma. Pain is dull aching and at times shoots up his leg, aggravated with movement. Gets better if he does not move or walk. No redness or swelling. Pain 6/10 in intensity.; Chronic b; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain remains an issue. Pain is primarily located over the lumbar region, radiates into the gluteal areas and posterior calves.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate for rib fractures not detected on Xray and liver involvement; This study is being ordered for trauma or injury.; 05/01/2020; There has been treatment or conservative therapy.; Bruising, Chest wall and right flank RUQ, Pain when breathing, RUQ Pain and tenderness Chest wall pain Right lower anterior chest, wheezing in patient with COPD; Rest, ice 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Global pulmonary findings;;Moderate centrilobular emphysema. Scattered areas of mucous plugging;are present within basilar segmental bronchi bilaterally, primarily;involving the posterobasilar segments; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had abdominal pain, nausea, and vomiting since November; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	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.; 5-4-20; There has not been any treatment or conservative therapy.; member on blood thinner, bleeding , head trauma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; 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.; 12/19; There has been treatment or conservative therapy.; weight loss, persistent abdominal pain,; meds, labs, GI 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	She states that she feels very weak and run down. She has been having heavy menstrual bleeding that has persisted despite starting on Provera. She is planned for hysterectomy soon. She did follow-up with pulmonary regarding her lung nodule and it was reco; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	CHRONIC RENAL DISEASE STAGE 3, PVD, HYPERLIPIDEMIA, STASIS DERMATITIS LE; This study is being 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.; 37 Y/O MALE, FORMER SMOKER, HX HTN, OBESITY BMI 46.5 WT AND BMI IS WRONG IN DR. NOTE. HE IS 6 FT. 2 AND 362.4 LBS. AND OSA. HAVING SOB . NO HX OF CAD. UNABLE TO WALK ON A TREADMILL. HAS C/O ALSO OF BLURRED VISION, NAUSEA AND DIZZINESS. Idiopathic periph; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	elevated blood pressure dizziness 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.; 03/30/2020; There has been treatment or conservative therapy.; chest pain short of breath; medicine changes 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	Total coronary calcium score 51.;2. Mild subsegmental atelectasis and/or scarring at the lung bases.;3. Hepatic steatosis; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	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)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	elevated blood pressure dizziness 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.; 03/30/2020; There has been treatment or conservative therapy.; chest pain short of breath; medicine changes 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	70544 Magnetic resonance angiography,		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient does NOT have 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 being ordered as a 12 month annual follow up.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	fibroids with menorrhagia; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; It is not known if there is known or suspicion of an abdominal aortic aneurysm.; It is not known if there is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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."; hepatocellular;carcinoma status post Y-90 therapy , 3 month follow up	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,		Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	54 yo female with history of SAH in 2009 Due to ruptured intracranial aneurysms. Angiography revealed a left posterior communicating artery aneurysm and an anterior communicating artery aneurysm s/p coil embolization. Follow up angiography and brain MR; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Interventional Radiologists	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 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 had an Abdomen MRI in the last 10 months.; The patient is presenting new signs or symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	70544 Magnetic resonance angiography,		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has polycystic kidney disease; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	symptoms of bvd, shot of breath w. minimal activity, blood pressure high,; This study is being ordered for Vascular Disease.; couple months; There has been treatment or conservative therapy.; shortness of breath, heavy smoker, swelling; in halers for 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	symptoms of bvd, shot of breath w. minimal activity, blood pressure high;; This study is being ordered for Vascular Disease;; couple months; There has been treatment or conservative therapy.; shortness of breath, heavy smoker, swelling; in halers for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nephrology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Clinicals attached, hydrocephalus, ventriculo-peritoneal shunt status, seizure disorder.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	unknown; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	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.; 07/10/2018; There has been treatment or conservative therapy.; patient had an aneurysm, incidental finding of an epidermoid cyst on CT scan, this is just a one year follow up of the aneurysm and the epidermoid cyst.; Arteriogram for the aneurysm, performed 08/02/2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Pt coming for follow up after hospitalization for severe headaches, MRV brain showed partial thrombus within the mid superior sagittal sinus; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	- aggravating factors: sometimes standing, sometimes bending over, sometimes when she clears her throat;- alleviating factors: none;- associated sx: eye pain with moving them sideways, popping jaw pain, BP elevated at 147/91 last night with bad head pai; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	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.; 07/10/2018; There has been treatment or conservative therapy.; patient had an aneurysm, incidental finding of an epidermoid cyst on CT scan, this is just a one year follow up of the aneurysm and the epidermoid cyst.; Arteriogram for the aneurysm, performed 08/02/2018; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chiari I malformation with multiple syncopal episodes in which she loses consciousness. CSF flow study at the craniocervical junction.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Severe headaches, chiari malformation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; The type of tumor is unknown.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; None of the above best describes the reason that I have requested this test.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 headache is described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	16 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	71250 Computed tomography, thorax; without contrast material	05/2020; There has been treatment or conservative therapy.; patient is having dizziness, weakness, tingling, conspation, leg swelling, right are issue; patient has medication,injection and pt no relief; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	71250 Computed tomography, thorax; without contrast material	consultation for surgical consideration of right-sided paraspinal pain . As you are aware she is a 50 y.o. who presents with several months history of pain commencing the shoulder blade region and radiating across the scapular and also inferiorly into the; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	consultation for surgical consideration of right-sided paraspinal pain . As you are aware she is a 50 y.o. who presents with several months history of pain commencing the shoulder blade region and radiating across the scapular and also inferiorly into the; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Her MRI of the cervical spine does not demonstrate severe foraminal stenosis on the right. However, the study is of poor quality and a CT myelogram is warranted for further evaluation. At the same time, I would like to obtain a CT myelogram of the lumba; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Metastases to C5 vertebrae; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	s/p scs placement;fell recently and has pain around the stimulator worse when turned up. She is also complaining of neck and back pain ;xrays do not explain her symptoms; This study is being ordered for a neurological disorder.; 3-20-20; There has been treatment or conservative therapy.; NECK PAIN;LUMBAR PAIN;THORACIC PAIN; MEDICATION;HOME EXERCISES;REST;ICE/HEAT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Suspected spinal stenosis and persistent neck and arm pain. Concerns for spinal cord compression on cervical MRI 4 years ago, myelopathy on exam.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 Evidence of new foot drop.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has not been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	5	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	Lumbar stenosis with neurogenic claudication.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	s/p scs placement;fell recently and has pain around the stimulator worse when turned up. She is also complaining of neck and back pain ;xrays do not explain her symptoms; This study is being ordered for a neurological disorder.; 3-20-20; There has been treatment or conservative therapy.; NECK PAIN;LUMBAR PAIN;THORACIC PAIN; MEDICATION;HOME EXERCISES;REST;ICE/HEAT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	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 no documented clinical findings of immune system suppression or AIDS.; The patient is not experiencing thoracic back pain associated with chest pain.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient has a recent fracture or abnormality seen on a previous imaging study; There is a known condition of neurological deficits.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given &gt; 04/14/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &gt; low back pain, numbness, tingling. sensory loss down both legs; Describe treatment / conservative therapy 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Her MRI of the cervical spine does not demonstrate severe foraminal stenosis on the right. However, the study is of poor quality and a CT myelogram is warranted for further evaluation. At the same time, I would like to obtain a CT myelogram of the lumba; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	s/p scs placement;fell recently and has pain around the stimulator worse when turned up. She is also complaining of neck and back pain ;xrays do not explain her symptoms; This study is being ordered for a neurological disorder.; 3-20-20; There has been treatment or conservative therapy.; NECK PAIN;LUMBAR PAIN;THORACIC PAIN; MEDICATION;HOME EXERCISES;REST;ICE/HEAT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; 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.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; continues to be plagued with back and right leg pain she describes an L3-L4 radiculopathy on the right she is noted to have an L4-5 spondylolisthesis she is to undergo myelography and postmyelogram CT scanning to further define her continued complaints pa; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	11 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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;NSAIDS	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness found in right and left upper extremities; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinicals 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.; 03/20/2020; There has been treatment or conservative therapy.; neck and low back pain more frequent and severe, worsening mid-back pain, stiffness, loss of grip strength and numbness and tingling in the RT upper extremity and hand. Decreased range of mobility cervical, paraspinous tenderness bilateral, spurling sign ; ROM exercises, chiropractor, medications, warm moist heat daily to affected areas X 20 minute intervals.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain radiatestop of arms and hand positive for neck pain and weakness shooting, aching pain; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; it is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Metastases to C5 vertebrae; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Suspected spinal stenosis and persistent neck and arm pain. Concerns for spinal cord compression on cervical MRI 4 years ago, myelopathy on exam.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This 36 year old male presents with mid back pain and bilateral leg numbness s/p TESI at T3/4 on 2/3/2020. He reported no relief from this injection and claims that his pain has worsened since. This is unfortunate as the prior epidural injection had giv; This is a 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Rated 5/10 for duration of 2 month(s). Pain described as burning and intermittent. Has been out doing some yard work and thinks that he may have overdone it. Reports pain that goes over toward the right shoulder joint associated with headaches in the ba	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Enter Additional Clinical Information&gt;	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	unknown; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 11/01/2019; There has been treatment or conservative therapy.; Unknown; Previous imaging-symptoms have worsened Patient has tried medications, her ability to ambulate has alleviated her to be able to conduct 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>Clinicals 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.; 03/20/2020; There has been treatment or conservative therapy.; neck and low back pain more frequent and severe, worsening mid-back pain, stiffness, loss of grip strength and numbness and tingling in the RT upper extremity and hand. Decreased range of mobility cervical, paraspinous tenderness bilateral, spurling sign ; ROM exercises, chiropractor, medications, warm moist heat daily to affected areas X 20 minute intervals.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given &amp;gt; 04/14/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &amp;gt; low back pain, numbness, tingling. sensory loss down both legs; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &amp;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</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>Patient had a T8-L3 fixation on 5/18/18. Since surgery he has developed progressive motor weakness now requiring a permanent wheelchair. He endorses neurogenic bladder, neurogenic bowel, and severe radicular pain in his lower extremities.; This study is being ordered for a neurological disorder.; 11/6/2018; There has been treatment or conservative therapy.; Motor weakness, radiculopathy of the lower extremities, paraplegia, neurogenic bowel, neurogenic bladder; He is currently in pain management. He has gone to inpatient rehab from 5/22-5/28/18. He has been unable to participate in PT or other conservative measures due to incomplete paraplegia, severe pain, immobility, and is now wheelchair bound.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	<p>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.</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient is presenting new symptoms.; This study is being ordered for follow-up.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased EHL on the left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; generalized muscle weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Decreased range of mobility lumbar, paraspinous muscle spasm and tenderness on the right side, straight leg raise negative bilateral, Waddell's testing is positive for symptom magnification of low back pain. Patient describes her pain is worsening, contin; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor exam shows diffuse deconditioning but there is no focal weakness, deep tendon reflexes are decreased throughout.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral lower extremity, reflex abnormality, achilles reflexes 1+ bilaterl; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	NERVE CONDUCTION STUDY, RULE OUT NERVE ROUTE COMPRESSION; This study is being ordered for a neurological disorder.; 10-28-19; There has been treatment or conservative therapy.; NECK PAIN , NUMBNESS, TANGLING , WEAKNESS, CHEST PAIN, NAUSEAU; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/16/2020; There has been treatment or conservative therapy.; Back pain, neck pain, weakness; Nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020 Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient had a T8-L3 fixation on 5/18/18. Since surgery he has developed progressive motor weakness now requiring a permanent wheelchair. He endorses neurogenic bladder, neurogenic bowel, and severe radicular pain in his lower extremities.; This study is being ordered for a neurological disorder.; 11/6/2018; There has been treatment or conservative therapy.; Motor weakness, radiculopathy of the lower extremities, paraplegia, neurogenic bowel, neurogenic bladder; He is currently in pain management. He has gone to inpatient rehab from 5/22-5/28/18. He has been unable to participate in PT or other conservative measures due to incomplete paraplegia, severe pain, immobility, and is now wheelchair bound.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020 Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has a slip at L4-5, and dr does not feel that PT would be good for him; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient is experiencing leg weakness and in severe pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	request for mri to review for procedures; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	She has had a sudden increase in her pain and has some 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.; Generalized muscle weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected infection or abscess	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	11 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	11 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 more than 10 months ago.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 is presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This 53 year old female presents with low back and right leg pain. The pain radiates laterally to the right foot. She has numbness in the left leg but denies any sciatic pain. She denies numbness and tingling in the right leg. She has weakness in the left; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast		PT MADE PAIN INCREASE & FLEXIBILITY/MOBILITY DECREASED; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		05/2020; There has been treatment or conservative therapy.; patient is having dizziness, weakness, tingling, constipation, leg swelling, right are issue; patient has medication, injection and pt no relief; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	consultation for surgical consideration of right-sided paraspinal pain . As you are aware she is a 50 y.o. who presents with several months history of pain commencing the shoulder blade region and radiating across the scapular and also inferiorly into the; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	consultation for surgical consideration of right-sided paraspinal pain . As you are aware she is a 50 y.o. who presents with several months history of pain commencing the shoulder blade region and radiating across the scapular and also inferiorly into the; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	- aggravating factors: sometimes standing, sometimes bending over, sometimes when she clears her throat;- alleviating factors: none;- associated sx: eye pain with moving them sideways, popping jaw pain, BP elevated at 147/91 last night with bad head pai; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	6month follow up; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	A 10 y.o. female with history of myelomeningocele and shunted hydrocephalus. We will obtain an MRI of her spine noncontrast as it has never been imaged in this patient with a myelomeningocele. Otherwise no signs or symptoms consistent with a shunt malfu; This study is being ordered for Congenital Anomaly.; 01/04/2008; There has been treatment or conservative therapy.; Spina bifida;mild prominence of central canal; Rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;patient has a cyst; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	for the last 1 week he has been experiencing blurry vision, nausea, dizziness. He woke up 1 day with the symptoms. He went to see his PCP today. They are suspecting his symptoms are secondary to nortriptyline. denies having any double vision, headaches, r; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	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.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has not been any treatment or conservative therapy.; headaches, visual changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	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 experiencing cervical neck pain not improving despite treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Leg pain, numbness and patient is in a wheel chair.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Leg pain, numbness and patient is in a wheel chair.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar stenosis with neurogenic claudication.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; lower extremity weakness; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness primarily with right arm lifting; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	A 10 y.o. female with history of myelomeningocele and shunted hydrocephalus. We will obtain an MRI of her spine noncontrast as it has never been imaged in this patient with a myelomeningocele. Otherwise no signs or symptoms consistent with a shunt malfu; This study is being ordered for Congenital Anomaly.; 01/04/2008; There has been treatment or conservative therapy.; Spina bifida;mild prominence of central canal; Rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals 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 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.; Deep tendon reflexes are decreased throughout.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain, findings on CT were mild to moderate multilevel degenerative changes in cervical spine. Neuropathy of 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.; Weakness: yes. Not being able to use hands during work.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain, has had injections, still having worsening 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.; Bilateral arm weakness and numbness. 3 out of 5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NERVE CONDUCTION STUDY, RULE OUT NERVE ROUTE COMPRESSION; This study is being ordered for a neurological disorder.; 10-28-19; There has been treatment or conservative therapy.; NECK PAIN , NUMBNESS, TANGLING , WEAKNESS, CHEST PAIN,NAUSEAU; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 3/16/2020; There has been treatment or conservative therapy.; Back pain, neck pain, weakness; Nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient may have another herniated disc with a nerve root impingement and hardware loosening from a previous level; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is unable to lift, push or pull with her upper extremities. Numbness and tingling in her 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	presents with neck and bilateral arm pain. The neck pain radiates into the hands, particularly in the median innervated digits and fifth digit bilaterally. The neck pain is relatively mild. It is the arm complaints that are most bothersome. She complains; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The neck pain radiates into the parascapular region bilaterally, right worse than left. She has numbness and tingling that extends to the shoulders bilaterally.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Clinicals attached; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 having neck pain and arm numbness. Previous neck surgery in 2018	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks; The pain did NOT begin within the past 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Known tumor with or without metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 staging.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 have new or changing neurologic 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 have new or changing neurologic signs or symptoms.; There is weakness.; patient has weakness in 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Low Back Pain, involving the;spine. The spine pain is aggravated by all movement and is constant, worse during activity, and worse after activity. The spine pain is described as aching, burning, sharp, and stabbing and associated with numbness in left l; Epidural steroid injections, 6 weeks of physical therapy, Medications including lyrica, cymbalta, diclofenac, and 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 11/01/2019; There has been treatment or conservative therapy.; Unknown; Previous imaging-symptoms have worsened Patient has tried medications, her ability to ambulate has alleviated her to be able to conduct 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	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.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Unknown; There has been treatment or conservative therapy.; Low Back Pain, involving the;spine. The spine pain is aggravated by all movement and is constant, worse during activity, and worse after activity. The spine pain is described as aching, burning, sharp, and stabbing and associated with numbness in left l; Epidural steroid injections, 6 weeks of physical therapy, Medications including lyrica, cymbalta, diclofenac, and 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	clinical attached; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; clinical attached	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	continuous pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/16/2020; There has not been any treatment or conservative therapy.; LEG PAIN, NUMBNESS, 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt has a disc herniation and we are trying to determine what level to perform surgery. He has had conservative treatment, such as PT, and meds; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 3 out of 5 with 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2019; There has been treatment or conservative therapy.; The patient is back in today for follow up. He does have an MRI for review. He has done his physical therapy. He states aquatherapy has helped but the stretches and exercises he does increase and aggravate his bilateral hip pain. He complains of low back ; Patient has had a lumbar fusion on 12-10-19 and has been therapy and has had injections and is having increasing bilateral hip pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	continuous pain,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/16/2020; There has not been any treatment or conservative therapy.; LEG PAIN, NUMBNESS, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a 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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has not been any treatment or conservative therapy.; headaches, visual changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurological Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	Radiology Services Denied Not Medically Necessary	consultation for surgical consideration of right-sided paraspinal pain . As you are aware she is a 50 y.o. who presents with several months history of pain commencing the shoulder blade region and radiating across the scapular and also inferiorly into the; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast		; This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for other indications	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 infection or inflammation.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 04/05/2020; There has been treatment or conservative therapy.; Hypertension, gait imbalance, worsening vision.; Aspirin, speech therapy, PC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and	; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/16/2020; There has been treatment or conservative therapy.; right arm numbness and right side weakness; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 12/23/2019; There has been treatment or conservative therapy.; Right sided arm and face weakness numbness and tingling; Conservative management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	8	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	9	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 04/05/2020; There has been treatment or conservative therapy.; Hypertension, gait imbalance, worsening vision.; Aspirin, speech therapy, PC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/16/2020; There has been treatment or conservative therapy.; right arm numbness and right side weakness; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 12/23/2019; There has been treatment or conservative therapy.; Right sided arm and face weakness numbness and tingling; Conservative management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	PT NEEDING EXAMS 70553 MRI BRAIN W WO;AND 70543 MRI ORBIT/FACE/NECK W WO. DX CODES Q85.01, AND C72.31. R/O NEUROFIBROMATOSIS TYPE 1, RT OPTIC GLIOMA AND ADTL ISSUES AND UNDERLING PATHOLOGY. PT HAS MALIGNANT NEOPLASM OF THE OPTIC RT NERVE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging,	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	4/23/2020; Cough headache syndrome - Her headaches seem consistent with cough induced headaches. Secondary headaches cannot be completely excluded.;For this reason I will obtain MRI brain with and without contrast and CT angiogram head to rule out aneur; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	<p>41-year-old lady with new onset seizures over the past few months. Check EEG and MRI brain with and without contrast. She reports that she never coded to receive deep CPR during any of her opiate use. I will also get an MRA of the head to look for aneurysm; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; She starts a spell by getting burning and sweating in her feet and hands. She starts feeling lightheaded or as she describes it "spacey". She has been found down and apparently has convulsions with urinary incontinence. Spells usually last up to 2 or 3; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	<p>Bell's palsy; This is certainly not a typical case of Bell's palsy. Lyme's disease and sarcoidosis are what are known for causing bilateral Bell's palsy. I will check lab studies for both of those. Because she is had gastric bypass surgery in the past ; This study is being ordered for a neurological disorder.; 07/15/2019; There has not been any treatment or conservative therapy.; Bell's palsy, ataxia, anisocoria, vertigo, 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 MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	headaches are described as occipital and frontal throbbing headaches associated with nausea, photosensitivity and Sound sensitivity.;She was started on gabapentin but she says is not helping her.She recalls being on triptan's in the past for abortive 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	In the right eye there was clearly no papilledema. For unknown reasons like could not really see in the left eye for this purpose. ;I need to rule out an aneurysm; This study is being ordered for a neurological disorder.; 11/01/2019; There has been treatment or conservative therapy.; blurred vision, photophobia, vertigo, severe stabbing pain in head that radiates into her neck with nausea, dizziness, tremors, weakness, depression, fatigue, memory loss, anxiety, restless, not sleeping, slurred speech, distorted vision; Amitriptyline;Propanolol;Nortrityline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	reports that he had multiple motor vehicle accidents in the past. reports about three years ago he was hit by a car while riding a bike and was in a hospital for about three days. says he was unresponsive and was intubated. did not have any surgery to his; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has the inability to speak.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including 70551 Magnetic resonance (eg, proton) imaging, brain (including	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Jan 2020; There has been treatment or conservative therapy.; an episode of passing out after she had arrived home from work. The next day, she states that she felt "funny". She developed numbness of her tongue, face, hands and feet. She then developed weakness of her left arm. She developed a severe diffuse headach; Excedrin migraine, Tylenol extra-strength, naproxen, Phenergan on an as-needed basis. Combination of sustained release Calan 120 mg once a day and a Medrol 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	19 years old white female here for a televisit via WhatsApp for multiple neurological symptoms.; Her top symptoms that she want to get addressed are generalized pain, not able to talk and vision disturbance.; Generalized pain: On specific questioning she ; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	59-year-old lady returns with headaches. Her headaches are worse over the past 2 weeks. Sometimes taps on her head or pulls her hair to distract herself. Had been doing better before.; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	77-year-old with concerns of memory problems. It has been noticed by her husband and her daughter for a few years but has accelerated over the past 1 year. No hallucinations. She forgets things and misplaces things in her home. Her daughter reports tha; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	A meningioma was seen on a scan in 2016 and needs 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; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>remitting MS. Doing very well on Aubagio. Once the coronavirus public health emergency concerns are lessened, patient will return for lab to include CBC and CMP and we will also schedule follow-up MRI of her brain and C-spi; This study is being ordered for Inflammatory/ Infectious Disease.; Assessment &amp; Plan;;Relapsing remitting MS. Doing very well on Aubagio. Once the coronavirus public health emergency concerns are lessened, patient will return for lab to include CBC and CMP and we will also schedule follow-up MRI of her brain and C-spi; There has been treatment or conservative therapy.; Assessment &amp; Plan;;Relapsing remitting MS. Doing very well on Aubagio. Once the coronavirus public health emergency concerns are lessened, patient will return for lab to include CBC and CMP and we will also schedule follow-up MRI of her brain and C-spi; Assessment &amp; Plan;;Relapsing remitting MS. Doing very well on Aubagio. Once the coronavirus public health emergency concerns are lessened, patient will return for lab to include CBC and CMP</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>Autism, anxiety, language delay; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Bell's palsy; This is certainly not a typical case of Bell's palsy. Lyme's disease and sarcoidosis are what are known for causing bilateral Bell's palsy. I will check lab studies for both of those. Because she is had gastric bypass surgery in the past ; This study is being ordered for a neurological disorder.; 07/15/2019; There has not been any treatment or conservative therapy.; Bell's palsy, ataxia, anisocoria, vertigo, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	bilateral occipital neuralgia. worsening headaches. r/o mollaret's meningitis w hx of herpes; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Chronic daily headaches with migrainous features; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Currently she is experiencing headache essentially every day. When they 1st began, she was experiencing far less frequent headaches. Her headache frequency increased as time went by.; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Daily headache. Swollen lymph node.; This 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	discharge, dry eyes, pain in the eyes, visual changes, objects moving within the field of view (floaters), sensitivity to light (photophobia), and seeing double images (diplopia).; Reports hx of seizures since age 10.;hx of AV malformation and surgery in; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has 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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	History of arachnoid cyst and hydrocephalus with a ventriculo-peritoneal shunt placement at age of 15. No signs and symptoms concerning for hydrocephalus or shunt malfunction. However he has not had any imaging done for a long time and will do an MRI brai; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>In the right eye there was clearly no papilledema. For unknown reasons like could not really see in the left eye for this purpose. ;I need to rule out an aneurysm; This study is being ordered for a neurological disorder.; 11/01/2019; There has been treatment or conservative therapy.; blurred vision, photophobia, vertigo, severe stabbing pain in head that radiates into her neck with nausea, dizziness, tremors, weakness, depression, fatigue, memory loss, anxiety, restless, not sleeping, slurred speech, distorted vision; Amitriptyline;Propranolol;Nortrityline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>Moco Score 21, head tremor .cognitive assessment exam; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>Mr Goins has had a lot of symptoms over the years. MS is a genuine concern, but there may be more to this story. There is significant pain (hip, low back) that is more than expected with MS. Furthermore, his exam suggests cervical myelopathy vs transverse; This study is being ordered for a neurological disorder.; 06/22/2020; There has been treatment or conservative therapy.; Mr. Goins is a 39 year old patient being seen as a new patient with a concern of MS. The first symptoms was pain, in his low back and LEs, but mostly in the R hip. He also has occasional tunnel vision, double vision. The latter usually occurs at night, bu; Physical Therapy and Gabapentin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>Mr. Kattom is a 20 year old male with history, signs and symptoms of tension headache that seems to be getting aggravated due to his degenerative disc disease in the cervical spine and poor sleep hygiene. ;Differential diagnoses include Migrainous vascul; This study is being ordered for a neurological disorder.; APRIL 2020; It is not known if there has been any treatment or conservative therapy.; Mr. Kattom is a 20 year old male with history, signs and symptoms of tension headache that seems to be getting aggravated due to his degenerative disc disease in the cervical spine and poor sleep hygiene. ;Differential diagnoses include Migrainous vascul; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020 Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	New and increasing tremors over the past year.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has known history of BIH not treated or imaged. Need imaging to r/o other issues and confirm diagnosis; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient is experiencing Visual Disturbances with her headaches. Also reports slurred speech and increased irritability.; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient relates symptoms which possibly could represent a seizure or could represent syncopal spells related to a vasovagal reaction. The spells are fairly brief. She does not have any tongue biting or urinary incontinence. She does have preceding 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt c/o right eye pain and headache upon waking up from sleep for 4-5 months. It sounds she checked her eye with doc with no finding.; This 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	pt had abnormal MRI; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt is having facial pain and actue Lv2/V3 trigeminal neuralgia and it is worsening. no medications have been able to help her; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PT NEEDING EXAMS 70553 MRI BRAIN W WO;AND 70543 MRI ORBIT/FACE/NECK W WO. DX CODES Q85.01, AND C72.31. R/O NEUROFIBROMATOSIS TYPE 1, RT OPTIC GLIOMA AND ADTL ISSUES AND UNDERLING PATHOLOGY. PT HAS MALIGNANT NEOPLASM OF THE OPTIC RT NERVE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pts having worsening migraines. The pain is going from temple to temple across the head. He is taking medications abortively and pro phylactically and none of them are working.; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	reports that he had multiple motor vehicle accidents in the past. reports about three years ago he was hit ba a car while riding a bike and was in a hospital for about three days. says he was unresponsive and was intubated. did nto have any surgery to his; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She averages approximately 5-6 episodes per month. The episodes can last anywhere from 2 to 10 minutes in duration. I want to evaluate for the possibility of small vessel ischemic changes, old lacunar infarcts, multiple sclerosis or bilateral acoustic neu; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	she had onset of migraines in childhood but they have progressively worsened after she had her children. She tells me that they are now occurring at least 3 days/week lasting for several hours at a time. They usually start in the frontal head region whi; This study is being ordered for Congenital Anomaly.; Unknown; There has been treatment or conservative therapy.; Ms.Walton is a 27-year-old female who presents to the neurology clinic for evaluation of headaches and a history of Chiari I malformation.; - Start gabapentin 300mg at bedtime. This can be increased if needed (call me and let me know if we need to increase the dose). ;- May use Maxalt (rizatriptan) as needed for severe migraines (limit to less than 10 days per month). ;- May use OTC medicat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She reports onset of headaches was in January 2017 when she developed her first severe migraine. She tells me that headaches have been present and severe since that time. She tells me that she has maybe 3 headache free days per month.; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She saw her ophthalmologist who noted a right lateral and inferior visual field deficits and a normal intraocular exam. She also saw her PCP who drew basic labs and noted that she was B12 and Vitamin D3 deficient; This study is being ordered for a neurological disorder.; The patient says that starting a few months ago she began to bump into things on the right side. She hit things with her car as well. In addition, she noted some persistent fatigu; There has not been any treatment or conservative therapy.; The patient says that starting a few months ago she began to bump into things on the right side. She hit things with her car as well. In addition, she noted some persistent 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She started having headaches at age 16 is been described as throbbing painful bitemporal at times unilateral with associated sensitivity to light and sound. She does not recall significant nausea or vomiting at the time. She recalls the headaches would ; This 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Start Topamax Tablet, 200 MG, 1 tablet, Orally, Twice daily, 30 day(s), 60;Notes: I am going to increase her Topamax to 200 mg by mouth twice a day after she finishes up the current stock of her medication. ;In the meantime for the breakthrough headache; This study is being ordered for a neurological disorder.; JAN 2020; There has not been any treatment or conservative therapy.; Ms. Magana is now 34-year-old right-handed South American female with long-standing history of headaches that have gotten worse in the past few months. The headache would start as a tingling over the left lower mandible and then radiate down to involve 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	still having thunderclap headaches, has white matter disease, a pineal cyst and now new right leg numbness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The last few months the patient has been experiencing episodes of mild language dysfunction which can be associated with blurring of her vision as well as drawing of her face and mild expressive dysphasia. She has undergone a CT scan of the brain and caro; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	27 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	28 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	15 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	7 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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).	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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).	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.; This is a new patient.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	22 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	24 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	TO EVALUATE BRAIN DAMAGE FROM SEIZURES; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	tremor of her hands; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	unknown n; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This study is being ordered for Congenital Anomaly.; 04/30/2020; It is not known if there has been any treatment or conservative therapy.; abnormal gait, nocturnal enuresis, chiari malformation, headaches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	will fax; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurology	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	worsening headaches despite conservative treatment.; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	worsening headaches, seizures; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Worsening migraine headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info MRI Brain With Without Contrast; Impression: ;; Multiple leptomeningeal nodules involving the brain, brainstem and ; partially visualized cervical spinal cord. Neurosarcoidosis is ; considered the most li; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	. DECREASED SENSATIONS TO T, LT AND VIB ON THE LEFT UE/LE; 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 EXAM: 4/5 LUE/LLE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1- Right upper extremity numbness. We need to evaluate for demyelinating process such as multiple sclerosis given her abnormal MRI of the brain and normal EMG study. MRI of the cervical spine with and without contrast to valuate for 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>remitting MS. Doing very well on Aubagio. Once the coronavirus public health emergency concerns are lessened, patient will return for lab to include CBC and CMP and we will also schedule follow-up MRI of her brain and C-spi; This study is being ordered for Inflammatory/ Infectious Disease.; Assessment &amp; Plan;;Relapsing remitting MS. Doing very well on Aubagio. Once the coronavirus public health emergency concerns are lessened, patient will return for lab to include CBC and CMP and we will also schedule follow-up MRI of her brain and C-spi; There has been treatment or conservative therapy.; Assessment &amp; Plan;;Relapsing remitting MS. Doing very well on Aubagio. Once the coronavirus public health emergency concerns are lessened, patient will return for lab to include CBC and CMP and we will also schedule follow-up MRI of her brain and C-spi; Assessment &amp; Plan;;Relapsing remitting MS. Doing very well on Aubagio. Once the coronavirus public health emergency concerns are lessened, patient will return for lab to include CBC and CMP</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>Chief Complaints;; 1. NP/RULE OUT MS BRING CD MRI AR OPEN.;HPI: ;Constitutional;; I have been asked to see the patient by Dr. Evans. ;She has an abnormal MRI of the brain with 2 small T2;hyperintensities in the left posterior thal; 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".</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	EMG Nerve test shows C7 radiculopathy that is severe and indicative on axonal loss; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has EMG nerve conduction study and found mild acute and chronic left C7 Radiculopathy and is indicative of axonal loss. There was also findings in the right paraspinal muscles suggesting bilateral lesions.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	I spoke with the patient today and he complains of continued neck pain that radiates into his shoulders bilaterally, worse on the right. He complains of intermittent numbness and tingling in his neck and shoulders. He has completed 4 visits of physical th; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Inbalance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Most recent MRI brain, cervical, thoracic spine: 1/2019: He has extensive disease burden, questionable enhancement of cervical lesions but overall disease burden. Extensive MS disease burden, Long term use of drug therapy, Previous disease therapies: Copaxone; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Mr Goins has had a lot of symptoms over the years. MS is a genuine concern, but there may be more to this story. There is significant pain (hip, low back) that is more than expected with MS. Furthermore, his exam suggests cervical myelopathy vs transverse; This study is being ordered for a neurological disorder.; 06/22/2020; There has been treatment or conservative therapy.; Mr. Goins is a 39 year old patient being seen as a new patient with a concern of MS. The first symptoms was pain, in his low back and LEs, but mostly in the R hip. He also has occasional tunnel vision, double vision. The latter usually occurs at night, but; Physical Therapy 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	N/A; This study is being ordered for a neurological disorder.; 4/6/2020; There has been treatment or conservative therapy.; Pain.; Taking meds, home exercises, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient is a 60-year-old right-handed woman presents to clinic today with 2-year history of intermittent left arm pain. She states that times the pain radiates from the forearm up into her shoulder at times when she sneezes or coughs she will have radiat; 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	2020	Apr-Jun 2020

<p>4/1/2020 - 6/30/2020 4/1/2020</p>	<p>Neurology</p>	<p>Approval</p>	<p>72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material</p>	<p>confused during the spells. She notes that she has developed a tremor in her upper extremities that occurs with these as well as problems with mispronouncing words, incoordination, and poor balance. She does h; This study is being ordered for a neurological disorder.; She tells me that this is been going on since around June or July 2019 and has been progressively worsening.; There has been treatment or conservative therapy.; Ms.Bishop is a 24-year-old female who presents to the neurology clinic for evaluation of facial numbness. However, she tells me that she is having other symptoms. She describes numbness and tingling sensation in her hands and feet as well as her lips an; Start magnesium 400 mg daily and riboflavin 400 mg daily for migraine prevention;Will check myasthenia labs due to c/o weakness, trouble swallowing;Get swallow eval (c/o dysphagia); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical</p> <p>1 2020 Apr-Jun 2020</p>
--------------------------------------	------------------	-----------------	--	--



<p>4/1/2020 - 6/30/2020 4/1/2020</p>	<p>Neurology</p>	<p>Approval</p>	<p>72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material</p>	<p>she had onset of migraines in childhood but they have progressively worsened after she had her children. She tells me that they are now occurring at least 3 days/week lasting for several hours at a time. They usually start in the frontal head region whi; This study is being ordered for Congenital Anomaly.; Unknown; There has been treatment or conservative therapy.; Ms.Walton is a 27-year-old female who presents to the neurology clinic for evaluation of headaches and a history of Chiari I malformation.; - Start gabapentin 300mg at bedtime. This can be increased if needed (call me and let me know if we need to increase the dose). ;- May use Maxalt (rizatriptan) as needed for severe migraines (limit to less than 10 days per month). ;- May use OTC medicat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	<p>1 2020 Apr-Jun 2020</p>
--------------------------------------	------------------	-----------------	--	--	----------------------------

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	She provided some records that looks like she had a lupus vasculitis affecting both the central and peripheral nervous systems. There was a diagnosis of inflammatory neuropathy at that time. She received IVIG and Cytoxan many years ago, but has not been; This study is being ordered for a neurological disorder.; 1993; There has been treatment or conservative therapy.; Ms.Cassil is a 73-year-old female who presents to the neurology clinic for evaluation of numbness and tingling of the lower extremities.; Wheeled walker with seat and breaks ;HYDROcodone-acetaminophen (NORCO) 7.5-325 mg Tablet;gabapentin (NEURONTIN) 600 mg tablet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	5	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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.	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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.	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for staging.; This is a request for cervical spine MRI; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This study is being ordered for Congenital Anomaly.; 04/30/2020; It is not known if there has been any treatment or conservative therapy.; abnormal gait, nocturnal enuresis, chiari malfortion, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; FOOT DROP; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Inbalance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Question of vague signal enhancement is noted within the lower midthoracic cord best seen on image 7 series 32 with some T2 FLAIR hyperintensity noted on the pre gadolinium sequence. This may have been present on the prior examination as well. Extensive M; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; This study is being ordered for Congenital Anomaly.; 04/30/2020; It is not known if there has been any treatment or conservative therapy.; abnormal gait, nocturnal enuresis, chiari malfortion, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a neurological disorder.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	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.; FOOT DROP; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>PER CLINICAL ON 05/27/2020;She complains of Low back pain for 2-3 weeks, localized on back. Moderate intensity. Radiates to rt leg. She was seen at neurology clinic and they have ordered MRI which is not done yet. She denies any recent fall or injury.;</p> <p>There has been treatment or conservative therapy.;</p> <p>05/27/2020 She complains of Low back pain for 2-3 weeks, localized on back. Moderate intensity. Radiates to rt leg.;</p> <p>05/21/2020 She continues to have lower back of pain, since last 2 weeks. Pain is localized at the back, which is constant, sharp pain, it; GABAPENTIN 600 MG BY MOUTH 2 TIMES A DAY STARTED 10/15/2019 AND CURRENT TAKING.;</p> <p>TRAMADOL 50 MG 2 TIMES A DAY BY MOUTH ;STARTED 12/03/2019 AND CURRENTLY STILL TAKING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>N/A; This study is being ordered for a neurological disorder.;</p> <p>4/6/2020; There has been treatment or conservative therapy.;</p> <p>Pain.;</p> <p>Taking meds, home exercises, PT.;</p> <p>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>patient experiencing pain at the base of his penis. It causes shocking pains down his penis, hip, groin, and entire lateral leg. He was worked up with urology who did CT and US but without any improvement.;</p> <p>The study requested is a Lumbar Spine MRI.;</p> <p>It is unknown if the patient has acute or chronic back pain.;</p> <p>This procedure is being requested for None of the above</p>	1 2020	Apr-Jun 2020



<p>4/1/2020 - 6/30/2020 4/1/2020</p>	<p>Neurology</p>	<p>Approval</p>	<p>72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</p>	<p>confused during the spells. She notes that she has developed a tremor in her upper extremities that occurs with these as well as problems with mispronouncing words, incoordination, and poor balance. She does h; This study is being ordered for a neurological disorder.; She tells me that this is been going on since around June or July 2019 and has been progressively worsening.; There has been treatment or conservative therapy.; Ms.Bishop is a 24-year-old female who presents to the neurology clinic for evaluation of facial numbness. However, she tells me that she is having other symptoms. She describes numbness and tingling sensation in her hands and feet as well as her lips an; Start magnesium 400 mg daily and riboflavin 400 mg daily for migraine prevention;Will check myasthenia labs due to c/o weakness, trouble swallowing;Get swallow eval (c/o dysphagia); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical</p>	<p>1 2020 Apr-Jun 2020</p>
--------------------------------------	------------------	-----------------	--	---	----------------------------

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>She provided some records that looks like she had a lupus vasculitis affecting both the central and peripheral nervous systems. There was a diagnosis of inflammatory neuropathy at that time. She received IVIG and Cytoxan many years ago, but has not been; This study is being ordered for a neurological disorder.; 1993; There has been treatment or conservative therapy.; Ms.Cassil is a 73-year-old female who presents to the neurology clinic for evaluation of numbness and tingling of the lower extremities.; Wheeled walker with seat and breaks ;HYDROcodone-acetaminophen (NORCO) 7.5-325 mg Tablet;gabapentin (NEURONTIN) 600 mg tablet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>SIGNS: Negative Spurling, Hoffman. Negative Patrick, positive straight leg. Positive pelvic distraction Negative Tinel's of the median nerve bilateral. Negative Phalens of the median nerve bilateral. Negative Tinel's of the ulnar nerve bilateral.; SHOUL; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; SIGNS: Negative Spurling, Hoffman. Negative Patrick, positive straight leg. Positive pelvic distraction Negative Tinel's of the median nerve bilateral. Negative Phalens of the median nerve bilateral. Negative Tinel's of the ulnar nerve bilateral.; SHOUL; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; This study is being ordered for Congenital Anomaly.; 04/30/2020; It is not known if there has been any treatment or conservative therapy.; abnormal gait, nocturnal enuresis, chiari malformation, 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PER CLINICAL ON 05/27/2020;She complains of Low back pain for 2-3 weeks, localized on back. Moderate intensity. Radiates to rt leg. She was seen at neurology clinic and they have ordered MRI which is not done yet. She denies any recent fall or injury.; There has been treatment or conservative therapy.; 05/27/2020 She complains of Low back pain for 2-3 weeks, localized on back. Moderate intensity. Radiates to rt leg;;05/21/2020 She continues to have lower back of pain, since last 2 weeks. Pain is localized at the back, which is constant, sharp pain, it; GABAPENTIN 600 MG BY MOUTH 2 TIMES A DAY STARTED 10/15/2019 AND CURRENT TAKING;; TRAMADOL 50 MG 2 TIMES A DAY BY MOUTH ;STARTED 12/03/2019 AND CURRENTLY STILL TAKING;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info MRI Brain With Without Contrast; Impression: ;; Multiple leptomeningeal nodules involving the brain, brainstem and ; partially visualized cervical spinal cord. Neurosarcoidosis is ; considered the most li; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is showing signs of dementia with the forgetfulness and gradual progression that she is having with the crying and depressed feelings she has had.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	PT is having more cognitive complaints and they are worsening.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	She reports 28 days per month of severe headache. Pain localizes to the skullbase and radiates up the right side of the head and behind both eyes. She also notes neck tension. Associated symptoms include light and sound sensitivity, nausea, vertigo, visua; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	They may get worse as the day goes on and she can use over-the-counter medicines at times with relief. Of course she has her grinding of her teeth and jaw popping which the jaw popping may be gradually getting worse. She has had no imaging procedures.; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PT NEEDING EXAMS 70553 MRI BRAIN W WO;AND 70543 MRI ORBIT/FACE/NECK W WO. DX CODES Q85.01, AND C72.31. R/O NEUROFIBROMATOSIS TYPE 1, RT OPTIC GLIOMA AND ADTL ISSUES AND UNDERLING PATHOLOGY. PT HAS MALIGNANT NEOPLASM OF THE OPTIC RT NERVE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	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.; Jan 2020; There has been treatment or conservative therapy.; an episode of passing out after she had arrived home from work. The next day, she states that she felt "funny". She developed numbness of her tongue, face, hands and feet. She then developed weakness of her left arm. She developed a severe diffuse headache; Excedrin migraine, Tylenol extra-strength, naproxen, Phenergan on an as-needed basis. Combination of sustained release Calan 120 mg once a day and a Medrol 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	She saw her ophthalmologist who noted a right lateral and inferior visual field deficits and a normal intraocular exam. She also saw her PCP who drew basic labs and noted that she was B12 and Vitamin D3 deficient; This study is being ordered for a neurological disorder.; The patient says that starting a few months ago she began to bump into things on the right side. She hit things with her car as well. In addition, she noted some persistent fatigue; There has not been any treatment or conservative therapy.; The patient says that starting a few months ago she began to bump into things on the right side. She hit things with her car as well. In addition, she noted some persistent 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; EARLY CHILDHOOD; There has been treatment or conservative therapy.; LACK OF SLEEP, POOR ENERGY, NAUSEA, VOMITING, SENSITIVITY TO LIGHT, THROBBING PAIN; PATIENT NEEDS TO GET PLENTY OF SLEEP. PATIENT NEEDS TO EXERCISE REGULARLY. AVOID CAFFEINE.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	41-year-old lady with new onset seizures over the past few months. Check EEG and MRI brain with and without contrast. She reports that she never coded to receive deep CPR during any of her opiate use. I will also get an MRA of the head to look for aneurysm; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; She starts a spell by getting burning and sweating in her feet and hands. She starts feeling lightheaded or as she describes it "spacey". She has been found down and apparently has convulsions with urinary incontinence. Spells usually last up to 2 or 3; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	bilateral numbness in upper extremity; This study is being ordered for a neurological disorder.; 04/06/2020; There has been treatment or conservative therapy.; Numbness;; analgesics, Home exercises, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	lost driving. Forgets where she's going or that she is even cooking dinner. Pays bills twice or forgets to pay;them.; On several psychoactive meds, but none clearly connected to memory worsening.; Had a brain scan for preeclampsia in 2012.; -; Runnin; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	neurologic;; ;dizziness, slurred speech, restless legs, memory lapses or changes, difficulty finding desired words, and loss of balance or falls. recent memory impaired.;;;; 5/4/2020;55 years old white female with history of type 2 diabetes mellitu; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	New daily persistent headache - Depakote helped to some extent .;will increase the dose to 500 mg HS.;will order MRI brain due to persistent nature of 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Over the last year or so he has been experiencing chronic daily headaches which are nonspecific predominantly frontal posterior occipital extending into his neck. These do not have any real association with nausea vomiting or other vegetative signs.; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having alot more Cognitive dis functions and progressive cognitive Decline concerning for Dementia.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	psychosis; This study is being ordered for a neurological disorder.; 05/21/2015; There has not been any treatment or conservative therapy.; hears voices, sees shadow figures that tell her to do "bad things", harms younger siblngs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	pt ha recurrent headaches, as well as R facial numbness, numbness in arms, dizziness, phono 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PT HAVING NECK PAIN AND BALANCE PROBLEMS,PROXIMAL MUSCLE WEAKNESS. Cervico-occipital neuralgia-GON BLOCK HAS HELPED. HAS A DIAG. OF FIBROMYALGIA AND HEADACHES. TAKES DUOXETINE AND TOPAMAX. 5FT. 3 IN WT. 305 BMI 54.1 hand and feet pain/wet feeling/numbness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PT IS HAVING dizziness, slurred speech, restless legs, memory lapses or changes, recent memory impaired. difficulty finding desired words, and loss of balance or falls.;Memory impairment - Neurological examination is nonfocal.;Memory problems can be a co; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Reevaluation of a pituitary nodule seen on previous imaging.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Changing neurologic symptoms best describes the reason that I have requested this test.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; WE are trying to send to neuro surgery. The suspect is in the L5/S1 there is anterolothesis with possible unilateral PARS defect. we need to get this test done to efficiently be able to help the patient because she is having a hard time and alot more bac; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neck and shoulder pain was on the left side was preceded by left arm numbness. Neck pain is a deep aching pain which is associated with shoulder decreased range in motion.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; weakness of both lower and upper extremities ;Myoclonic jerking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; EARLY CHILDHOOD; There has been treatment or conservative therapy.; LACK OF SLEEP, POOR ENERGY, NAUSEA, VOMITING, SENSITIVITY TO LIGHT, THROBBING PAIN; PATIENT NEEDS TO GET PLENTY OF SLEEP. PATIENT NEEDS TO EXERCISE REGULARLY. AVOID CAFFEINE.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; Pertinent history/work up was reviewed with ongoing summary.; MR; This is a request for 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 symptoms she had last year have returned and are worse. This time she is also having more radicular symptoms as well as some clumsiness. She needs repeat MRI to better understand underlying pathology prior to further treatment. Physical therapy is no; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral numbness in upper extremity; This study is being ordered for a neurological disorder.; 04/06/2020; There has been treatment or conservative therapy.; Numbness.; analgesics, Home exercises, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	EVALUATE UNBEARABLE PAIN; This study is being ordered for a neurological disorder.; 03/23/2020; There has been treatment or conservative therapy.; NECK AND BACK PAIN/PARASTHESIA / NUMBNESS; NSAIDS/ANALGESICS/PTHOME EXERCISES PER MD 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Kattom is a 20 year old male with history, signs and symptoms of tension headache that seems to be getting aggravated due to his degenerative disc disease in the cervical spine and poor sleep hygiene. ;Differential diagnoses include Migrainous vascul; This study is being ordered for a neurological disorder.; APRIL 2020; It is not known if there has been any treatment or conservative therapy.; Mr. Kattom is a 20 year old male with history, signs and symptoms of tension headache that seems to be getting aggravated due to his degenerative disc disease in the cervical spine and poor sleep hygiene. ;Differential diagnoses include Migrainous vascul; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NA.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	need MRI to r/o any DDD or disc herniation. Pt twisted his neck and started having lower neck pain which could be severe at times w/ limiting neck movements. Pain goes down shoulder into hands w/ 4-5 finger numbness. pt has had some PT/OT as well as doing; This is a request for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAVING NECK PAIN AND BALANCE PROBLEMS,PROXIMAL MUSCLE WEAKNESS. Cervico-occipital neuralgia-GON BLOCK HAS HELPED. HAS A DIAG. OF FIBROMYALGIA AND HEADACHES. TAKES DUOXETINE AND TOPAMAX. 5FT. 3 IN WT. 305 BMI 54.1 hand and feet pain/wet feeling/numbness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Start Topamax Tablet, 200 MG, 1 tablet, Orally, Twice daily, 30 day(s), 60;Notes: I am going to increase her Topamax to 200 mg by mouth twice a day after she finishes up the current stock of her medication. ;In the meantime for the breakthrough headache; This study is being ordered for a neurological disorder.; JAN 2020; There has not been any treatment or conservative therapy.; Ms. Magana is now 34-year-old right-handed South American female with long-standing history of headaches that have gotten worse in the past few months. The headache would start as a tingling over the left lower mandible and then radiate down to involve 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Mr Goins has had a lot of symptoms over the years. MS is a genuine concern, but there may be more to this story. There is significant pain (hip, low back) that is more than expected with MS. Furthermore, his exam suggests cervical myelopathy vs transverse; This study is being ordered for a neurological disorder.; 06/22/2020; There has been treatment or conservative therapy.; Mr. Goins is a 39 year old patient being seen as a new patient with a concern of MS. The first symptoms was pain, in his low back and LEs, but mostly in the R hip. He also has occasional tunnel vision, double vision. The latter usually occurs at night, bu; Physical Therapy 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.;	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Lumbosacral radiculopathy - On the exam it appeared that she was unable to stand properly on her heels. Given her history of shooting pain to the top of her foot it could be due to L5 radiculopathy.;I will obtain MRI lumbar spine for further evaluation.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	EVALUATE UNBEARABLE PAIN; This study is being ordered for a neurological disorder.; 03/23/2020; There has been treatment or conservative therapy.; NECK AND BACK PAIN/PARASTHESIA / NUMBNESS; NSAIDS/ANALGESICS/PTHOME EXERCISES PER MD 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr Goins has had a lot of symptoms over the years. MS is a genuine concern, but there may be more to this story. There is significant pain (hip, low back) that is more than expected with MS. Furthermore, his exam suggests cervical myelopathy vs transverse; This study is being ordered for a neurological disorder.; 06/22/2020; There has been treatment or conservative therapy.; Mr. Goins is a 39 year old patient being seen as a new patient with a concern of MS. The first symptoms was pain, in his low back and LEs, but mostly in the R hip. He also has occasional tunnel vision, double vision. The latter usually occurs at night, bu; Physical Therapy 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/26/2020; It is not known if there has been any treatment or conservative therapy.; pain, spasms, stiffness in arm, cramps; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Mr Goins has had a lot of symptoms over the years. MS is a genuine concern, but there may be more to this story. There is significant pain (hip, low back) that is more than expected with MS. Furthermore, his exam suggests cervical myelopathy vs transverse; This study is being ordered for a neurological disorder.; 06/22/2020; There has been treatment or conservative therapy.; Mr. Goins is a 39 year old patient being seen as a new patient with a concern of MS. The first symptoms was pain, in his low back and LEs, but mostly in the R hip. He also has occasional tunnel vision, double vision. The latter usually occurs at night, bu; Physical Therapy 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; Reason: ELSE (system matched response); patient is experiencing abnormal weight loss. MD is looking for Query paraneoplastic syndrome; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Neurology	Disapproval	76390 Magnetic resonance spectroscopy	Radiology Services Denied Not Medically Necessary	psychosis; This study is being ordered for a neurological disorder.; 05/21/2015; There has not been any treatment or conservative therapy.; hears voices, sees shadow figures that tell her to do "bad things", harms younger siblngs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nuclear 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 not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Nuclear 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nuclear Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nuclear Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Headaches intractible lasting several days 6/10 throbbing photophobia phonophobia, sometimes stuttering exedrin helps with headache pain exacerbated by TMJ 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nuclear Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Nuclear Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral leg weakness and gait disturbance; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		elevated prolactin levels, bleed; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; None of the above best describes the reason that I have requested this test.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	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?	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Born without ovaries.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pt has a 4cm abscess in the pelvis that is either coming from a nabothian cyst that is between her didelphic cervixes or a possible TOA from a prior HSG. This abscess source needs to be identified prior to the decision on the way to drain the fluid; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain, unspecified; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	ELEVATED RISK OVER 20 %, 30.6 RISK PERCENTAGEMULTIPLE ABDOMEN MAMMAGRAMS;; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Disapproval	72141 Magnetic resonance (eg, 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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient did state he broke his neck 2 years and didnt go to surgeon appointment; OTC pain medication, steroids oral and injection	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	hx of back surgery. back pain, radiculopathy, abnormal gait; This study is being ordered for a neurological disorder.; for thia episode 03/23/20; There has been treatment or conservative therapy.; back pain, radiculopathy, abnormal gait; Pain mexd referral to pain mgmt, pt and neurology; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	12 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	residual foci uptake within uterus; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	12 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; LIVER LESIONS	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.;	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Oncology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 4 PET Scans have already been performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Optic atrophy ou (other optic atrophy), +FH M, needs w/u, r/o compressive lesion first. OCT RNFL today ou 69 and 73 mics; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging,	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	To rule out tumor and possible metastasis; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	vision loss; This study is being ordered for a neurological disorder.; 1/30/2020; It is not known if there has been any treatment or conservative therapy.; HEADACHES , vision loss.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 05/05/2020; There has not been any treatment or conservative therapy.; Headache followed my visual disturbers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	To rule out tumor and possible metastasis; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	vision loss; This study is being ordered for a neurological disorder.; 1/30/2020; It is not known if there has been any treatment or conservative therapy.; HEADACHES , vision loss.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 05/05/2020; There has not been any treatment or conservative therapy.; Headache followed my visual disturbers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Optic atrophy ou (other optic atrophy), +FH M, needs w/u, r/o compressive lesion first; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Poor Papilledema; This request is for a Brain MRI; The study is 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	vision changes starting the last 2 weeks of March. First started when she stood up from sitting for an extended period, vision became blurred seeing flashes of colors then a few days ago left eye started with the same sx; This 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		vision loss; This study is being ordered for a neurological disorder.; 1/30/2020; It is not known if there has been any treatment or conservative therapy.; HEADACHES , vision loss.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out tumor and possible metastasis; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out tumor and possible metastasis; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Ophthalmology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out tumor and possible metastasis; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		R/O POSSIBLE TUMOR on Maxilla (between r maxilla and sinus); This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging,		This is a request for a temporomandibular joint MRI.	5	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oral/Maxillofacial	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Oral/Maxillofacial	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	R/O POSSIBLE TUMOR on Maxilla (between r maxilla and sinus); This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has severe neck pain that radiates into the upper extremities. Headaches with visual disturbances; This study is being ordered for a neurological disorder.; 10/18/2019; There has been treatment or conservative therapy.; Neck pain with radiculopathy. Headaches with visual disturbances; Patient has had extensive physical therapy, 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	PER DR. BUMPSSS:His difficulty with bladder control and worsening balance is concerning for cord compression. We would like to follow up with him on the same day as the images are complete to perform a more thorough neurologic exam. This patient visit wa; This study is being ordered for a neurological disorder.; 3/1/2020; There has been treatment or conservative therapy.; NUBNESS AND TINGLING IN LEGS, BLADDER INCONTINENCE; PATIENT HAS HAD PHYSICAL THERAPY IN THE PAST WITHOUT SUCCESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	6week follow up pain neck right arm not getting better ,bone graft in plate consolidating ongoing radiculopathy; This study is being ordered for a neurological disorder.; 01/15/2020; There has been treatment or conservative therapy.; Pain down right arm, weakness, numbness severe pain; PT , meds, injections ,bracing for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient requires additional posterior lateral fusion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/10/19; There has been treatment or conservative therapy.; Neck pain , marked instability; Patient has had prior surgical cervical discectomy and fusion. He has completed 6 weeks of physical therapy. He continues to have severe multilevel degenerative disc disease, spondylolisthesis and instability; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	Status post ACDF 1/27/20 with a new injury to the neck 3/6/20.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 bowel or bladder dysfunction.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material	post thoracolumbar reconstructive surgery on 4/18/19 subsequent underwent secondary wound closure due to dehiscence.; since her x-rays done in the fall 2019, she has developed increasing degeneration at T12-T11.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is being ordered for a neurological disorder.; 1/9/2020; There has been treatment or conservative therapy.; Severe lower back pain. Fractures at L2 and L3. Prior surgery now has rod fracture/failure. pain radiates to legs causing pain, weakness and burning sensation; Patient has fractures at the L2 and L3. He has had prior fusion and now is having rod fracture/failure. He has been taking anti-inflammatory medicaton. Oral sterioids and muscle relaxers with no relief. He has severe weakness in his legs with pain and ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	Scans are needed for additional treatment and surgical planning; This study is being ordered for a neurological disorder.; 09/04/2019; There has been treatment or conservative therapy.; Severe back pain with weakness, not able to stand or sit. Radiculopathy in the lower extremities with tingling and numbness; Patient has had physical therapy, anti inflammatory medication and several epidural 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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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?; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; CT of the thoracic and lumbar spine to evaluate for implant positioning, implant loosening, implant failure, and to evaluate the degeneration at the proximal junction at T T12-11;ent exam findings; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	6week follow up pain neck right arm not getting better ,bone graft in plate consolidating ongoing radiculopathy; This study is being ordered for a neurological disorder.; 01/15/2020; There has been treatment or conservative therapy.; Pain down right arm, weakness, numbness severe pain; PT ,meds, injections ,bracing for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Faxing addtl clinicals; This is a request for 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.; Diminished sensation to pin prick testing +C6 7 radiculopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	none; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has severe neck pain that radiates into the upper extremities. Headaches with visual disturbances; This study is being ordered for a neurological disorder.; 10/18/2019; There has been treatment or conservative therapy.; Neck pain with radiculopathy. Headaches with visual disturbances; Patient has had extensive physical therapy, 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has severe neck pain with weakness in the upper extremities; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PER DR. BUMPSSS:His difficulty with bladder control and worsening balance is concerning for cord compression. We would like to follow up with him on the same day as the images are complete to perform a more thorough neurologic exam. This patient visit wa; This study is being ordered for a neurological disorder.; 3/1/2020; There has been treatment or conservative therapy.; NUBNESS AND TINGLING IN LEGS, BLADDER INCONTINENCE; PATIENT HAS HAD PHYSICAL THERAPY IN THE PAST WITHOUT SUCCESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a 30-year-old woman with an increasing amount of radiating right arm pain that begins in the paraspinal musculature of her neck extends to her shoulders and into the dorsum of her hand. This pain is new within the last 6 months. She has done physi; This is a request for 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.; Document examination intact to light touch in upper extremity dermatomes but diminished in the C6 dermatome. Positive Spurling's findings	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; none	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	cervical spine MRI which shows no substantial central stenosis. He continues to have mid and low back pain that is significant as well, in addition he has developed urinary incontinence.Worsening over the last several weeks. He has had similar symptoms ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient cannot tolerate back pain along with lower extremie numbness, tingling and pain; This study is being ordered for trauma or injury.; 2/20/20; There has been treatment or conservative therapy.; Back pain with radiculopathy and weakness in the lower extremities; Exercises, physical therapy, spinal exercises, medication 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Pt is a 75 years old LHD Female with RIGHT shoulder pain after pulling a root out of the ground and falling backwards into a tree on 5/5/2020. No pain at night. No numbness or tingling. Pain is worse with repetitive movement and better with rest. No thera	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 weakness.; weakness with an unsteady gait & falls 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 10 months out ORIF right patella fracture with retrograde nailing of a right femur fracture. Prior to that, she had had a tibia fracture treated with intramedullary nailing. Taylor has difficulty, but is able to actively extend her right knee. I do no; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She does have tenderness about the sciatic notch region. With flexion of the hip and extension of the knee, she has radiating pain towards the calf. She reports altered sensation right lateral leg compared to the left. She has mildly decreased plantar fle; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 1/9/2020; There has been treatment or conservative therapy.; Severe lower back pain. Fractures at L2 and L3. Prior surgery now has rod fracture/failure. pain radiates to legs causing pain, weakness and burning sensation; Patient has fractures at the L2 and L3. He has had prior fusion and now is having rod fracture/failure. He has been taking anti-inflammatory medicaton. Oral steriods and muscle relaxers with no relief. He has severe weakness in his legs with pain and ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	cervical spine MRI which shows no substantial central stenosis. He continues to have mid and low back pain that is significant as well, in addition he has developed urinary incontinence.Worsening over the last several weeks. He has had similar symptoms ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chronic lumbar radiculopathy concerning for left S1 radicular pain/S1 nerve compression.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Constant pain of her back with pain going down her left leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In UI am recommending that we go ahead and order an MRI on her back to see if we can find an anatomic basis for her pain.nknown If No Info Given.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; D 1 week follow-up after going on meloxicam and physical therapy for acute low back pain. She tells me that she is no better although she is only had 1 PT treatment. She tells me that it did not do her any good at all. She is wondering just what might be	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown if No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Heather D Fuentes is here today complaining of right hip and leg pain that has been going on for two months. She denies any trauma to the area. Patient complains of stiffness and pain with prolonged standing and walking. This has been getting worse an; The study 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.; There is decreased sensation on the lateal aspect of the thigh that also involves the dorsum of the foot. Patella and Achilles reflexes are slightly diminished but equal bilaterally. Distal pulses are 2+ and bounding in the dorsalis pedis of the right f	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HPI: Pt presents for low back pain on the right side. He is referred by Dr. Russell. Pt has been seen in the ER on two different occasions for back pain. He had a CT scan of the lumbar spine. He states the pain starts in his right buttock and radiates d; The study 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Low back pain. Severe and constant. Not able to do daily activities; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient cannot tolerate back pain along with lower extremite numbness, tingling and pain; This study is being ordered for trauma or injury.; 2/20/20; There has been treatment or conservative therapy.; Back pain with radiculopathy and weakness in the lower extremities; Exercises, physical therapy, spinal exercises, medication 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PER DR. BUMPSSS:His difficulty with bladder control and worsening balance is concerning for cord compression. We would like to follow up with him on the same day as the images are complete to perform a more thorough neurologic exam. This patient visit wa; This study is being ordered for a neurological disorder.; 3/1/2020; There has been treatment or conservative therapy.; NUBNESS AND TINGLING IN LEGS, BLADDER INCONTINENCE; PATIENT HAS HAD PHYSICAL THERAPY IN THE PAST WITHOUT SUCCESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	scoliosis and back pain; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	21 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	X-ray;;AP of the pelvis and frog leg view of the left hip demonstrates no fractures. No joint space narrowing. Some mild sclerosis of the acetabulum.;;IMPRESSION:;Left lumbar radiculopathy with possible spinal stenosis; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Observation:;Patient is unable to ambulate more than 10 feet without assistance; must bend at the waist to walk; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	; There is not a known tumor.; 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."; It is not known if there is a known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging,	Clinicals attached; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	patient labrum tear in the right hip;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient has failed 6weeks of conservative therapy with no relief; This study is being ordered for a neurological disorder.; 2/1/20; There has been treatment or conservative therapy.; Sharp, severe low back pain and hip pain. Severe tingling and numbness in the lower extremities as well as weakness in the limbs causing standing upright and walking impaired; Patient has had physical therapy and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	24 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	6 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	15 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	39yo male with chronic left shoulder pain tramac right hand amputation/replantation use of ago from work accident, shoulder has been a problem with overhead and pushing motion. Starts at shoulder and radiates down arm; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	CHRONIC PAIN IN LEFT SHOULDER FOR OVER A YEAR. STIFFNESS AND POPPING. PRESCRIBED MEDICATION DO NOT RELIEVE SYMPTOMS.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Clinicals attached.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Concern for subacute distal biceps rupture in young patient which would require urgent operative intervention.; 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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Due to his persistent pain and recommended a MRI to further evaluate for occult ganglion cyst; 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 not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Dx Acute pain of left shoulder M25.512 (ICD-10-CM) 05142020 recheck of her left shoulder pain.;She reports that she obtained excellent short term relief from her subacromial injection but her pain has gradually recurred. It is worse with motion the shoul; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Elbow fracture; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	ELBOW INJECTION,PAIN RADIATING DOWN SHOULDER,POSSIBLE TENDON 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI,; The pain is from a recent injury,; Surgery or arthroscopy is not scheduled in the next 4 weeks,; The request is for shoulder pain,; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI,; The pain is not from a recent injury, old injury, chronic pain or a mass,; The request is for shoulder pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease,; 6/17/2020; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 3/12/20; There has been treatment or conservative therapy.; Pt has drop arm positive on both sides, crepitations on both sides, has difficulty lifting arms over head. decreased range of motion; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	L PROXIMAL HUMERUS FRACTURE TX IN ANOTHER CITY W/SLING. NO SURGERY. FRACTURE SOMEWHAT HEALED BUT CONTIUOS PAIN IN L SHOULDER. 11/10 PAIN. NIGHT PAIN. NIGHT WAKING. FAILED NSAIDS; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PAIN OVER LIFTING ACTIVITYWEAKNESSOVER HEAD LIFTING PAINSHOULDER INJECTION HAS NOT HELP; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient has swelling in the area where the mass is, sensory disturbances.; 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 not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Persistent weakness, recent injury after surgery, felt bicep pop, Strength Description - Shoulder: Left: strength is decreased.;Strength Description - Shoulder: Right: strength is normal.;Inspection - Skin   Scar - Left: surgical scars. Palpation - Te; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PHYSICAL EXAMINATION:5/14/2020 ;Today her major pain is with abduction and with resistive rotator cuff testing and into abduction forward elevation. She has full external rotation and forward elevation passively. Impingement testing is positive. She has; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Several month history of pain in It wrist. pt reports no change despite wearing brace. requesting MRI to further evaluate for tears or ligament damage.; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The patient has had a shoulder scope with debridement of rotator cuff, debridement of grade 1 chondral lesion glenohumeral head, subacromial decompression, and subpectoral biceps tenodesis in the past. She also had a recent fall and has a suspected rotato; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.";	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; almost positive RCT /	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; Fell off bike onto shoulder 2 months ago, worsening pain.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 fell off porch 2 wks ago; e-ray showed negative for fracture, over counter NISAIDS not effective, patient using a sling, .	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; DR BALL NEEDS TO DETERMINE IF THE PAIN IS FROM A TORN ROTATOR CUFF OR COMING FROM HER NECK. IF IT IS ROTATOR CUFF SHE CAN HAVE SURGERY FOR REPAIR AND EASE HER PAIN	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	40 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	41 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; MRI TO CHECK FOR ROTATOR CUFF TEAR;The patient developed symptoms 2 months ago. The pain is maximal after strenuous activity and at night and interferes with sleep and is severe. The patient has increased pain with overhead activity, when reaching behind	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; Enter answer here - or Type In Unknown If;Examination of the patient's left shoulder reveals no deformity or malalignment. I do not see obvious muscular atrophy. He does however have nonanatomic diffuse global left shoulder tenderness which is significant	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Hawkin's test positive, Speed's test positive, and empty can sign positive.RT SHOULDER PAIN SINCE 6/12/2020, TRIPPED AND FELL AND LANDED ON ARM, HAVING LIMITED ROM SINCE FALL, HAVING SOME WEAKNESS	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 for over 2 years. exam positive impingement sign, supraspinatus weakness. has completed extensive physical therapy without results	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Previous Distal Clavicle He has a positive Impingement treatment He has a positive abduction cross over testA negative laborial crank testHe has restricted range of motion in all plains	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Since patient has + Hawkins, empty can, and Obrien's will get an MRI arthrogram for further clarification. X-ray imaging showed mild glenohumeral narrowing on the anterior side but no obvious fracture. Will follow up with patient in clinic after MRI perfo	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	26 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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).	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	15 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; There is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	7 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	21	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	12 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; For acute pain, rest, intermittent application of heat (do not sleep on heating pad), analgesics and muscle relaxants are recommended. ;Discussed longer term treatment plan of prn NSAID's and discussed a home back care exercise program with flexion exerc; The patient received oral analgesics.	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow up office visits.; It is not known what type of medication the patient received.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; no PT/OT attendance but has been doing home exercise program per notes 6/1/20; The patient received oral analgesics.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	unknown; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Xrays and treatment options reviewed with patient. MRI of left shoulder to check for soft tissue abnormalities not apparent on plain xrays since patient has significant pain greater than 4 on the VAS scale associated with functional impairment and difficu; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; Surgery: R hip complex resection for multiply infected hip prosthesis;DOS: 4/27/20;Causative Organism: poly microbial = E.coli, MRSE & Group B Strep;;POV after complex resection for chronically draining hip replacement that had previously been managed; HISTORY;Raymond C Linker is a 58 y.o. year old male patient here for 1st POV after complex resection for chronically draining hip replacement that had previously been managed by Dr. Rudder in Hot Springs. He is coming from a facility near Hot Springs. He; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	; This study is being ordered for trauma or injury.; 06/08/2020; There has been treatment or conservative therapy.; ; CAM walking boot, ICE/elevation, 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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 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.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Fracture Evaluation; This study is being ordered for trauma or injury.; 05/29/2020 - Patient fell out of a tree. The patient experienced the immediate onset of pain, swelling, and bruising. The pain is currently mild.; There has not been any treatment or conservative therapy.; pain, swelling and bruising. Fracture on 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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient had a fall on 04.20.20 falling on both knees. Possible LTKA tibia loosening or infection. Patient has redness and stiffness.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient is scheduled for Total Knee Replacement on May 27, 2020. CT needed for robotic assistance; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	preoperative evaluation;AVN BILATERAL HIPS... cystic changes in femoral head on the right severe, cystic changes in femoral head on the left moderate, and aspherical femoral head on the left.; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; cystic changes in femoral head on the right severe, cystic changes in femoral head on the left moderate, and aspherical femoral head on the left.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Preoperative planning for TKA; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	preoperative planning; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	surgery is planned for 06/30; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	The patient was scheduled for a knee scope, but was denied because no mri or ct had been done. Requesting this exam to evaluate need for further treatment of knee 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	6	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 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 ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; 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 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 not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Leg CT.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	unknown; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	X-ray;; AP, LATERAL, 45 FLEXION, and INFRAPATELLAR/IPV bilateral knee demonstrate bone on bone articulation of the tibiofemoral compartment of both knees with subchondrosclerosis. No fracture or acute abnormality.;;IMPRESSION;;Advanced arthritis b; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	X-ray;; AP, Lateral, PA Flexion, and infrapatellar/IPV of the left knee demonstrate moderate to severe lateral and patellofemoral joint space narrowing with subchondral sclerosis and osteophyte formation.;;IMPRESSION;;Left knee patellofemoral and lat; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Mr. Gillespie has been experiencing knee pain for several years. He notes that walking aggravates this pain. Rest does not relieve the pain. He has tried anti-inflammatory medications. These medications do not relieve the pain. He attempts to walk but; There has been treatment or conservative therapy.; Mr. Gillespie has been experiencing knee pain for several years. He notes that walking aggravates this pain. Rest does not relieve the pain. He has tried anti-inflammatory medications. These medications do not relieve the pain. He attempts to walk but; Mr. Gillespie has been experiencing knee pain for several years. He notes that walking aggravates this pain. Rest does not relieve the pain. He has tried anti-inflammatory medications. These medications do not relieve the pain. He attempts to walk but; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	constant knee pain, aggravated by sitting, standing, walking..adl's have become difficult...she had a fall about 2 years ago; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; 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.; It is unknown if surgery is planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	evaluate for a Lisfranc injury; This study is being ordered for trauma or injury.; 06/16/2020; There has been treatment or conservative therapy.; avulsion at the base of the second metatarsal which may indicate a Lisfranc injury, pain & swelling; Patient was put in a boot & told to take 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	extreme knee pain, gives out, mild swelling, pain when getting up from seated position.; 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; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is not known if patient has completed and failed a course of conservative treatment.; It is unknown if surgery is planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Failure to improve after 6 wks of PT and other conservative treatment.; This study is being ordered for trauma or injury.; 12/2019; There has been treatment or conservative therapy.; knee pain; PT,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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ruptured his quad tendon back in 2011.; This study is being ordered for trauma or injury.; 04/26/2020; There has not been any treatment or conservative therapy.; Non weight bearing, moderate burning achy pain. Pain is aggravated by walking, he has had a history of surgery in this area back in 2001. Suspects he has reinjured himself.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	MEDIAL JOINT LINE TENDERNESS AND ANTERIOR KNEE PAIN. PAINFUL RANGE OF MOTION. TRACE VARUS INSTABILITY.; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a 76 years old Male with LEFT knee pain for 10 years. No specific injury. Pain is described as sharp, stabbing pain that is intermittent and 8/10 in severity. Pain is worse with bearing weight and twisting and better with rest and medications. P; 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.; A Total Knee Arthroplasty (TKA) is being performed.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	Sleep debridement, Limp when walking, Medication; This study is being ordered for trauma or injury.; 6/2/2019; There has been treatment or conservative therapy.; Pain, swelling, locking, popping; HEP, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Suspected ligament injury, swelling, decreased ROM, pain, unable to bear weight; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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.; 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.; Non Joint is being requested.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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.; It is unknown if this study is being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The study is being ordered for a post op.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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; It is unknown if surgery is planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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; Surgery is NOT being planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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; Surgery is NOT being planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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); Instability; Arthroscopic surgery	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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); Locking; Arthroscopic surgery	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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); Swelling greater than 3 days; Arthroscopic surgery	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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	243	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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; It is unknown if surgery is planned.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	To evaluate for fractures; This study is being ordered for trauma or injury.; The patient injured the right foot by stepping on a nail in May of 2020.; There has not been any treatment or conservative therapy.; swelling, painful ROM, weakness, mild 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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	To look for chondral defect vs meniscus tear; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2019; There has been treatment or conservative therapy.; bilateral knee pain, Chondromalacia, recurrent meniscus tears, and effusion; Rest, ice, monitoring, toradol injections, bracing, home exercises, 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	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; This study is being ordered for a neurological disorder.; February 1, 2020; There has been treatment or conservative therapy.; NSAIDS and pain medication for 6 weeks without improvement.;Physical therapy for 6 weeks without improvement. Oral steroids without improvement;She has had manual therapy such as spinal manipulation without improvement.; Change of activity level for 4 ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	46-year-old white female previous right shoulder arthroscopy March of 2019 has supraspinatus pain. Main complaint today is left hip pain. Radiographic images revealed ossification at the acetabular rim consistent with pincer impingement. MR arthrogram ; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03 16 2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given phys ther 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 06/14/2020; There has been treatment or conservative therapy.; pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; Surgery or arthroscopy is 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.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	10	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 injuryis not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	74150 Computed tomography, abdomen; without contrast material	patient returns with her husband having had MRI of the lumbar spine and technician bone scan. Interestingly the MRI of her lumbar spine itself has no significant bony or joint pathology except for mild foraminal narrowing not felt and my experience to be; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1	2020	Apr-Jun 2020
					Patient requires additional posterior lateral fusion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/10/19; There has been treatment or conservative therapy.; Neck pain , marked instability; Patient has had prior surgical cervical discectomy and fusion. He has completed 6 weeks of physical therapy. He continues to have severe multilevel degenerative disc disease, spondylolisthesis and instability; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology			

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has severe pain in her lower back and coccyx area. she cannot comfortably lay, sit or stand. xray shows a fracture in the coccyx area; This study is being ordered for trauma or injury.; 01/23/20; There has been treatment or conservative therapy.; stabbing,burning and sharp pain when sitting, standing or lying down.; Physical therapy and anti inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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?; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Dofall in February injuring the low back and an injury to the left lateral head when getting into a truck in January. The fall in February injuring the low back resulted in numbness and weakness in the right leg. This is improving. It is not his main comp	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Patient has weakness in the R hand 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a neurological disorder.; one year ago while working on the yard.; There has been treatment or conservative therapy.; left shoulder pain, can't lift arm overhead. pain with supraspinatus rotation, X-rays normal. Suspected rotator cuff tear.;;Cervical spine pain with radiating symptoms and stiffness. Patient complains of weakness and tingling down both upper extremities; NSAIDS , Analgesics and Physical therapy for 6 weeks for Bothe left shoulder and cervical spine starting on March 2, 2020. Change in activity level for over 4 weeks for both left shoulder and cervical spine. All conservative treatment has failed to provid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical and L shoulder pain with radiculopathy to upper extremities and limited range of motion in neck and shoulder; This study is being ordered for trauma or injury.; 6/19/2019; There has been treatment or conservative therapy.; Cervical pain with migraine headaches and numbness of the upper extremities. EMG both arms and legs having numbness. Left shoulder has known rotator cuff tear with painful range of motion. Restriction: Flexion limited, extension and lateral limited. ; Anti inflammatories, steriods, excercises and facet 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI CERVICAL REQUESTED DUE TO PATIENT'S CHRONIC PAIN IN CERVICAL SPINE. PATIENT UNDER WENT A FACET INJECTION. PHYSICIAN WANTS TO FOLLOW UP WITH MRI CERVICAL SPINE.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	numbness and tingling in all fingers, positive spurlings test, radicular 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain and weakness in the neck and lower back radiating to the legs; This study is being ordered for a neurological disorder.; 06/01/2019; There has been treatment or conservative therapy.; Pain and weakness in the neck and lower back radiating in to the legs; Anti inflammatories, oral steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	persistent radicular pain even after non steroidal anti inflammatory medications, lifestyle modification, spinal exercises, time, healing and rest. She has failed over 6 weeks of conservative care. Patient has developed marked increase in pain and cervi; This is a request for 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.; Office visit exam on 4-14-20, ptient c/o pain level 7/10. sharp, burning, tingling, aching, numbness. On exam, patient has rom diminished, flexion moderate restriction, extension moderate restriction, lateral bending moderate restriction. Plain xrays 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	post -op; This is a request for 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.; weaknes on standing on toes an heel; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	suspected rotator cuff tear & patient is being referred for ESI injection in the spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2018; There has been treatment or conservative therapy.; radiating pain, stiffness, limited range of motion; physical therapy, home exercise, ns aids, pain medications, steroid injections, bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	the patient does complain of cervicalgia. She also complains of radicular pain into bilateral shoulders. X-rays of her cervical spine and shoulders were reviewed today. The patient has evidence of degenerative disc disease most prominent at C5-6 and C6-7.; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	weakness, reflex abnormalities, pain greater than 6 months, has tried conservative treatments, pain is only getting worse; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and reflex abnormalities in bilateral upper extremities. radiating pain from neck to bilateral upper extremities as well; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Diagnosed at age 9. 2004; There has been treatment or conservative therapy.; Curvature of the spine causing spine pain; Physical Therapy. Hard shell back brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Possible Fracture; This study is being ordered for trauma or injury.; x 1 week; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	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.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Docuogressive severe right-sided mid back pain that radiates down to the right buttock. The pain is worse in the morning. However she can get in severe pain during the day resulting in the need to sit down.ment exam findings	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	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; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a neurological disorder.; February 1, 2020; There has been treatment or conservative therapy.; NSAIDS and pain medication for 6 weeks without improvement.;Physical therapy for 6 weeks without improvement. Oral steroids without improvement;She has had manual therapy such as spinal manipulation without improvement.; Change of activity level for 4 ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Diagnosed at age 9. 2004; There has been treatment or conservative therapy.; Curvature of the spine causing spine pain; Physical Therapy. Hard shell back brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CC: Patient presents to clinic with left hip pain and swelling. She states that the pain starts in her left hip and radiates down into her leg. She describes the pain as a deep burning. ;;HISTORY OF PRESENT ILLNESS: Brittany presents concerning her left leg; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Paraspinal muscles;; TTP left buttock. There is tenderness along the greater trochanter but more so along the buttock;Skin::intact ;Soft tissue triggers;;No trigger points are palpated ;Muscle Spasms;;No muscle spasms ;Range of Motion;;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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Document exam findings&gt;Muscle torn	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	limited motion. bilateral leg numbness tingling. constant. diminished reflexes; The study requested 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 back pain. no improvement with medication 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI ANKLE TO CHECK FOR LIGAMENT INJURIES AND MRI OF SPINE TO CHECK FOR SPINAL STENOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/26/2020; There has been treatment or conservative therapy.; knee pain, ankle swelling and instability, tenderness to lateral ligament, pain with ROM, pain radiates down lower back to ankle, numbness in ankle; NSAIDS, home treatment, elevation, heat/cold; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	n/a; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient is still in pain and did not help much.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain and weakness in the neck and lower back radiating to the legs; This study is being ordered for a neurological disorder.; 06/01/2019; There has been treatment or conservative therapy.; Pain and weakness in the neck and lower back radiating in to the legs; Anti inflammatories, oral steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient c/o constant chronic back pain, palpation shows mild tenderness with slight decreased rom, patient describes pain as sharp, uses gabapendin, hydrocodone and ibuprofen for pain. Plain xrays show degenerative changes with endplate osteophytes and 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has failed 6weeks of conservative therapy with no relief; This study is being ordered for a neurological disorder.; 2/1/20; There has been treatment or conservative therapy.; Sharp, severe low back pain and hip pain. Severe tingling and numbness in the lower extremities as well as weakness in the limbs causing standing upright and walking impaired; Patient has had physical therapy and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Possible Fracture; This study is being ordered for trauma or injury.; x 1 week; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 53 years old Male with lumbar back pain for 1 week after the patient was picking up a box of food and almost dropped it on 4-23-20. No numbness or tingling. No pain below the knee. The patient had a RIGHT THA on 12-10-19. The patient points to the; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 54 years old Female with LEFT hip pain for 1 year. No specific injury is noted. Numbness and tingling is noted but the patient does have neuropathy from being diabetic. The patient does have pain at night. The patient points to the lateral hip 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 not directed conservative treatment for the past 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Scans are needed for additional treatment and surgical planning; This study is being ordered for a neurological disorder.; 09/04/2019; There has been treatment or conservative therapy.; Severe back pain with weakness, not able to stand or sit. Radiculopathy in the lower extremities with tingling and numbness; Patient has had physical therapy, anti inflammatory medication and several epidural 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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	15	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has severe pain in her lower back and coccyx area. she cannot comfortably lay, sit or stand. xray shows a fracture in the coccyx area; This study is being ordered for trauma or injury.; 01/23/20; There has been treatment or conservative therapy.; stabbing, burning and sharp pain when sitting, standing or lying down.; Physical therapy and anti inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	soft tissue mass overlying the Left SI joint; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	MRI to evaluate ECU tendon and CT to evaluate DRUJ; This study is being ordered for Inflammatory/ Infectious Disease.; 12/6/2019; There has been treatment or conservative therapy.; Severe pain and swelling; Bracing 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a neurological disorder.; one year ago while working on the yard.; There has been treatment or conservative therapy.; left shoulder pain, can't lift arm overhead. pain with supraspinatus rotation, X-rays normal. Suspected rotator cuff tear.; Cervical spine pain with radiating symptoms and stiffness. Patient complains of weakness and tingling down both upper extremities; NSAIDS , Analgesics and Physical therapy for 6 weeks for Bothe left shoulder and cervical spine starting on March 2, 2020. Change in activity level for over 4 weeks for both left shoulder and cervical spine. All conservative treatment has failed to provid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Cervical and L shoulder pain with radiculopathy to upper extremities and limited range of motion in neck and shoulder; This study is being ordered for trauma or injury.; 6/19/2019; There has been treatment or conservative therapy.; Cervical pain with migraine headaches and numbness of the upper extremities. EMG both arms and legs having numbness. Left shoulder has known rotator cuff tear with painful range of motion. Restriction: Flexion limited, extension and lateral limited. ; Anti inflammatories, steroids, excercises and facet 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has surgery planned.; The study is not requested for shoulder pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/17/2020; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 3/12/20; There has been treatment or conservative therapy.; Pt has drop arm positive on both sides, crepitations on both sides, has difficulty lifting arms over head. decreased range of motion; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI to evaluate ECU tendon and CT to evaluate DRUJ; This study is being ordered for Inflammatory/ Infectious Disease.; 12/6/2019; There has been treatment or conservative therapy.; Severe pain and swelling; Bracing 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PAIN AGAINST ROTATOR CUFF RESISTNACE. NOT ABLE TO RAISE ARM OVER HEAD.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pain, limited mobility, weakness; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Passive ROM - Flexion: 140 degrees, Extension: 0 degrees.; Palpation - Tenderness - Right: AC joint. Strength tests - External rotation - Right: Abnormal. Supraspinatus - Right: Abnormal.; patient presents for right shoulder pain. Patient states pain in r; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has failed multiple conservative modalities including: Activity modification, over-the-counter pain medications and anti-inflammatories, home exercise protocol and injection, we are planning for an MRI of both shoulders and his cervical spine. Ima; This study is being ordered for trauma or injury.; 8/22/2019 first visit with orthopedic MD to assess bil shoulder issues/ injury; There has been treatment or conservative therapy.; Description: mild, moderate and intermittent; Quality: sharp, stabbing and throbbing; Location: diffuse; Exacerbating factors: Overhead activities, lifting; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	suspected rotator cuff tear & patient is being referred for ESI injection in the spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2018; There has been treatment or conservative therapy.; radiating pain, stiffness, limited range of motion; physical therapy, home exercise, nsaid, pain medications, steroid injections, bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; pain for over a year. exam positive impingement sign, supraspinatus weakness, xray decreased joint space. decreased ROM	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Patient is having pain with ROM and having pain with raising her arm over her shoulder. Patient has failed NSAID's.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unkown; This study is being ordered for trauma or injury.; 11/2019; There has been treatment or conservative therapy.; Pain, limited range of motion; PT, injections and anti inflammatories.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73225 Magnetic resonance angiography,	Radiology Services Denied Not Medically Necessary	Additional Clinical Information Is this a request for one of the following? MR Angiogram Upper Extremity	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; 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.; Surgery: R hip complex resection for multiply infected hip prosthesis;DOS: 4/27/20;Causative Organism: poly microbial = E.coli, MRSE & Group B Strep;;POV after complex resection for chronically draining hip replacement that had previously been managed; HISTORY;Raymond C Linker is a 58 y.o. year old male patient here for 1st POV after complex resection for chronically draining hip replacement that had previously been managed by Dr. Rudder in Hot Springs. He is coming from a facility near Hot Springs. He; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03 16 2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given phys ther 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has failed conservative treatment; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Primary osteoarthritis of 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	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 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 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 ; A Total Hip Arthroplasty is being planned or has already been performed.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	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 a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	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 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.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray; AP, Lateral, PA flexion, and Infrapatellar views of the right knee obtained today demonstrate severe degenerative changes with bone-on-bone joint space narrowing of the medial compartment with subchondral sclerosis and marginal osteophytes. Mod; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; one year ago; There has been treatment or conservative therapy.; left and right knee pain that has been going on for a year. difficulty walking, getting up from a seated position and difficulty standing.; R.I.C.E and pain meds and change in activity level for a year.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	Ankle giving way, multiple previous sprains, previous ankle fracture 2018, inversion ankle stability, no improvement with conservative treatment.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	evaluate for a Lisfranc injury; This study is being ordered for trauma or injury.; 06/16/2020; There has been treatment or conservative therapy.; avulsion at the base of the second metatarsal which may indicate a Lisfranc injury, pain & swelling; Patient was put in a boot & told to take 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	He has multiple problems I am uncertain which is really the worst he may have problems related to the right hip intra-articular perhaps even avascular necrosis he may have internal derangement of the left knee which is the most painful I would like to get; This study is being ordered for Inflammatory/ Infectious Disease.; 01012008; There has been treatment or conservative therapy.; Patient is 54-year-old right-handed white male mechanic he comes in complaining of right hip pain and pain in both knees he dislocated the hip in 2008 it was reduced underwent no open reduction internal fixation he has had increasing pain in the hip since; activity modification;nsaid ;back surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	IMAGING: A weightbearing foot series on this left foot fails to demonstrate acute osseous abnormalities. Her AP and oblique projections suggest that she may have some mild midfoot arthritis.; She has pain in the midfoot, especially with torsional stres; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	MRI ANKLE TO CHECK FOR LIGAMENT INJURIES AND MRI OF SPINE TO CHECK FOR SPINAL STENOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/26/2020; There has been treatment or conservative therapy.; knee pain, ankle swelling and instability, tenderness to lateral ligament, pain with ROM, pain radiates down lower back to ankle, numbness in ankle; NSAIDS, home treatment, elevation, heat/cold; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	PATIENT HAD CRUSHING INJURY TO RIGHT FOOT. MRI REQUESTED TO CHECK FOR ABNORMALITIES; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	soft tissue swelling, positive mcmurray; This study is being ordered for trauma or injury.; 04/23/20; There has been treatment or conservative therapy.; tightness, locking, swelling; nsaid, at home exercises, heat and ice, over the counter muscle rubs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	The pain constantly occurs and is aching, dull, associated with locking, associated with throbbing, and worsening. In addition, the patient rates their pain as 10 out of 10 currently. The pain is associated with gait instability and joint swelling. She has ; This study is being ordered for trauma or injury.; 1980; There has been treatment or conservative therapy.; The pain constantly occurs and is aching, dull, associated with locking, associated with throbbing, and worsening.; NSAIDS, TYLENOL, PT, INJECTIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	The patient presents for evaluation of left foot pain. He denies any history of trauma. He says about a week ago he woke up in the morning and stepped out of bed and had immediate excruciating pain in his left foot.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; It is unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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 anti-inflammatory medication for at least 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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; Surgery is NOT being planned.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 patient has a rupture of his left Achilles tendon. Both historically and clinically this appears to be a complete rupture. We have discussed the fact he needs an MRI to better visualize amount of tissue involved as well as location. Once I see that i; This is a request for an Ankle MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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.; spontaneous pain, aching and sharp quality, localized to ankle, 2nd left toe goes numb, global tenderness, pain with ROM; patient was placed in bootwalker; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Unkown; This study is being ordered for trauma or injury.; 11/2019; There has been treatment or conservative therapy.; Pain, limited range of motion; PT, injections and anti inflammatories.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	He has multiple problems I am uncertain which is really the worst he may have problems related to the right hip intra-articular perhaps even avascular necrosis he may have internal derangement of the left knee which is the most painful I would like to get; This study is being ordered for Inflammatory/ Infectious Disease.; 01012008; There has been treatment or conservative therapy.; Patient is 54-year-old right-handed white male mechanic he comes in complaining of right hip pain and pain in both knees he dislocated the hip in 2008 it was reduced underwent no open reduction internal fixation he has had increasing pain in the hip since; activity modification;nsaid ;back surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrcoscopy is scheduled in the next 4 weeks.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Unknown; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, 93350	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Orthopedics	Disapproval	Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70450 Computed tomography, head or brain; without contrast material	Migraine, blurred vision, brain feels "heavy", pt is also having hair loss.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	ENLARGED NECK LYMPH NODES AND NOTED NECK NODULE ON NECK US; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enlarged neck lymph nodes noted on physical exam and noted nodule noted on neck us; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70496 Computed tomographic angiography, head, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Craig R Robertson is a pleasant 69 y.o. year-old male who is being seen in the CVT surgery clinic for evaluation. Mr. Robertson has known hyperlipidemia, hypertension and GERD. He lives with his spouse at home and is active. He was found to have a left; This study is being ordered for Vascular Disease.; 02/05/2020 or greater; There has been treatment or conservative therapy.; Severe right sided ICA stenosis, left ICA stenosis greater than 70% Hypertension;Hyperlipidemia; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Near syncope. This was most likely multifactorial and related to hypotension and dehydration. He reports he was working outside with his friend each time this happened. No frank syncope reported, bp low during episode. Has not recurred since stopping ; This study is being ordered for Vascular Disease.; 02/22/2017; There has not been any treatment or conservative therapy.; Carotid 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70498 Computed tomographic angiography, neck, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Craig R Robertson is a pleasant 69 y.o. year-old male who is being seen in the CVT surgery clinic for evaluation. Mr. Robertson has known hyperlipidemia, hypertension and GERD. He lives with his spouse at home and is active. He was found to have a left; This study is being ordered for Vascular Disease.; 02/05/2020 or greater; There has been treatment or conservative therapy.; Severe right sided ICA stenosis, left ICA stenosis greater than 70% Hypertension;Hyperlipidemia; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Near syncope. This was most likely multifactorial and related to hypotension and dehydration. He reports he was working outside with his friend each time this happened. No frank syncope reported, bp low during episode. Has not recurred since stopping ; This study is being ordered for Vascular Disease.; 02/22/2017; There has not been any treatment or conservative therapy.; Carotid 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chronic recurrent HA's with visual disturbances. Current HA has been present for 1.5 weeks. Reports light and sound sensitivity, nausea and tingling in finger tips. Denies know triggers. Last eye exam was in 6/2019 and she reports no abnormal findings. In; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	He describes the pain as a burning type of pain that worsens if he coughs and when he smokes; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple Sclerosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Relapsing-remitting multiple sclerosis (most recent MRI's 5/2019) - Will get MRI brain and C-spine in 6 months to eval for changes/progression of diseaseThis study is being ordered as a 12 month annual follow up.; It is not known if there has been any treatment or conservative therapy.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; Intermittent fatigue; TCHP X1 TCHP/TECENTRIQ/PERJERTA/TECENTRIQ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Charles M Collins is a pleasant 63 y.o. year-old male who is being seen in the CVT surgery clinic for evaluation. Mr. Collins has known hypertension, cardiac arrhythmia, tobacco use, polycythemia and hyperlipidemia. He is here today after having CT lung; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Continued; This is request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	current smoker x-ray hazzines over right lung area; 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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; chest pain/palpatations/sob; abdominal extension; anatropo; demutemine; tharocimine;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Mr. Robertson was called today with results of CTA head and neck after having carotid Doppler on 2/10/2020 that showed right ICA occlusion with left ICA and 70%. CTA head and neck on 5/7/2020 shows right ICA is occluded with left ICA 65%. He still denie; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	<p>Patient has progressive shortness of breath not improved with bronchodilators or other maintenance inhalers. He began having shortness of breath that would wake him up in the middle of the night, this continues but he is now having dyspnea on exertion. He; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	<p>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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	<p>Surveillance, follow up for relapsed Hodgkin Lymphoma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	SOB worsen; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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 lower extremity weakness.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72128 Computed tomography, thoracic spine; without contrast material	XR T spine report suggested CT for further eval. will upload report.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple Sclerosis.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Relapsing-remitting multiple sclerosis (most recent MRI's 5/2019) - Will get MRI brain and C-spine in 6 months to eval for changes/progression of diseaseThis study is being ordered as a 12 month annual follow up.; It is not known if there has been any treatment or conservative therapy.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	THE PAIN IS SO SEVERE PATIENT IS UNABLE TO SLEEP; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NUMBNESS IN THE FIRST 3 FINGERS ON HIS 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does have neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; Abn xray, T-spine, DJD; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; NO CHANGE IN SYMPTOMS	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	5	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72192 Computed tomography, pelvis; without contrast material	Clinicals attached; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	POST OP FOR SURGERY; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The 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 abnormal.; The study is not requested for shoulder pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	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 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 a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	maybe torn meniscus, left knee, pt injured knee while working out, pt has had swelling of the knee and pain to the knee; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; 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.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	R FOOT/ANKLE ;History of present illness: This patient presents today for evaluation right ankle pain. He states he has had this pain for 3 years. He reports a bump on the lateral portion of his ankle. His daughter is with him today. She states that ; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	PT has been having abdominal pain and nausea for two weeks; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; Intermittent fatigue; TCHP X1 TCHP/TECENTRIQ/PERJERTA/TECENTRIQ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	blood in urine; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; chest pain/palpitations/sob; abdominal extension; anatrope; demutemine; tharocimine;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	left lower quadrant pain; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt presented with hernia back i December. No pain at the time so we didnt treat it. Pt states it has grown and its really tender now. Pt also presents with vomiting now. She is getting worse. Physical exam shows hernia. referral will require a CT; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Suspicion of kidney stones; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; Reason: ELSE (system matched response); Abdomen and pelvis; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74181 Magnetic resonance (eg, proton) imaging,	; This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Mass present in the right lobe of liver; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	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 had chemotherapy, radiation therapy or surgery in the last 3 months.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including	This is a request for Heart CT Congenital Studies.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	history of radiation -high risk ;(raditation to chest) and Hoskins Desase; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	This study is being ordered for Vascular Disease.; 06/01/2020; There has been treatment or conservative therapy.; chest pain, hypertension,; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	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.; changing treatment and echo did not provide enough info.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	12 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using	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.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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 2020	Apr-Jun 2020	
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020	
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	visual disturbances; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70544 Magnetic resonance angiography,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI brain was normal; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	LUNG 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Melinda R Jenkins is a pleasant 51 y.o. year-old female who is being seen in the CVT surgery clinic for evaluation. Mrs. Jenkins has known hypertension, anxiety and a sending aneurysm. She was diagnosed in 2012 with aortic ascending aneurysm. She state; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	71250 Computed tomography, thorax; 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.; 08/05/2019 for transplant; There has been treatment or conservative therapy.; follow up for transplant; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Z87.09 (ICD-10-CM) - V12.69 (ICD-9-CM) - History of lung abscess;Hx of Lung abscess- he reports having "something" cut out of his lung approx 10 yrs ago- he does not recall if it was right or left-he was treated inpt however he does not recall follow-up ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; trial of home exercise, rest, and medication with follow up and no change in symptoms.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	While Coughing Patient felt a Popping Sensation to upper back, lower neck region and immediately felt excruciating pain 10/10 in this area with the pain radiating to the right posterior shoulder blade area. Pain is constant and worse with any movement of; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	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?	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is complaining of increased pain in his lumbar. He is also experiancing numbness and tingling in the tips of the 3rd, 4th, and 5th fingers on his right hand.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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 radiating to right lower 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 weakness.; right lower extremities have radiating pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	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 really giving her pain, wondering if related to her kidneys. DDD lumbar noted. Hx of RA per patient. Tenderness. Negative SLR bilaterally. Pedal pulses 2+ and DTRs lower extremities normal. Back pain home exercise instructions give o; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; cyclobenzaprine (FLEXERIL) 5 mg Tablet;norflex;medrol pack	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	FOR NERVE RELATED BLOCKS - PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/10/2019; There has been treatment or conservative therapy.; CHRONIC LOW BACK PAIN INCREASED TO HIP AND DOWN R LEGUNABLE TO WORK; PTPAIN MEDSINJECTIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar back: She exhibits decreased range of motion, tenderness and pain.;;Comments: Tenderness to low back. Mild pain with SLR left. Pedal pulses 2+ and DTRs lower extremities normal. Foot drop left.;;Musculoskeletal: Positive for arthralgias, back; 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.; 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;Meloxicam	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	NEED TO RE EXAMINE THE POST SURGICAL CHANGES DUE TO RECENT CHANGES IN THE RLE; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; HAD LUMBAR SURGERY IN AUGUST OF 2013. HAD AN MRI IN FEBRUARY OF 2016 WHICH SHOWED POSTSURGICAL CHANGES WITH MODERATE STENOSIS AND BILATERAL FACET ARTHROPATHY; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is only able to get comfortable laying in the fetus position on the floor; The study requested 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 not able to stand or sit. He can only urinate sitting 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had x-ray and it showed degenerative disc narrowing.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	7	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment 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, rest, medication, and follow up with no changes; The patient received oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	limited rom; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; 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.; It is unknown if surgery is planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	Patient injured ankle when he stepped in a hole. Now unable to move toes.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	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.; 02/01/2020; There has been treatment or conservative therapy.; OSTEOARTHRITIS OF BOTH HIPS; 6 WEEKS OF PHYSICAL THERAPY WITH NO IMPROVEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	FOR NERVE RELATED BLOCKS - PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/10/2019; There has been treatment or conservative therapy.; CHRONIC LOW BACK PAIN INCREASED TO HIP AND DOWN R LEGUNABLE TO WORK; PTPAIN MEDSINJECTIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	74150 Computed tomography, abdomen; 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.; 08/05/2019 for transplant; There has been treatment or conservative therapy.; follow up for transplant; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;Patient has abcess at ambilical area; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient has severe LLQ pain. Provider is concerned for Diverticulitis. Patient has history of Diverticulitis; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	SUSPECTED APPENDICITIS; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Episodes of nausea, diaphoresis, chest pain and left arm pain lasting more than thirty mins, first episode he worked outside, four episodes in the last six months, has a smoking history of 1/2 packs per day. He is 57 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	will upload clinicals; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; 06/01/2020; There has been treatment or conservative therapy.; chest pain, hypertension,; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Other	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70336 Magnetic resonance (eg, proton) imaging,		This is a request for a temporomandibular joint MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"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"	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	4 weeks of conservative care current sinusitis failed 3 course 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Chronic sinusitis. We are ordering CT of sinuses to evaluate further for persistent sinus infection or blockage.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;there is a sinus scan performed that's shows fluid. Facial pain and pressure, congestion.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Exam was unremarkable. As I explained her this is likely just something of physiologic and not pathologic, but it has been going on for 2 years. She is getting worse. We will get just a sinus CT, which will allow us to look at the area that she is conc; "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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Failed 3 or more courses of antibiotics/steroids. Chronic issue.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	He suffered a severe trauma to his head around 2012. This required a bicoronal approach to the frontal sinus, he had a traumatic brain injury. He says that since this time he has had significant headache, facial pain, this feeling of a drill behind his le; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	none; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Pat has a history of facial pain worse on the left side and nasal congestion she has been on multiple antibiotics, nasal sprays, and steroids and no improvement.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	SINUS PROB. FOR THE PAST 10 YRS. RHINORRHA, SORE THROAT, HOARSENESS, EARS FULL WITH DIZZINESS OR VERTIGO. DRAINAGE TRIGGERS NAUSEA. OFTEN HAS FACIAL HEADACHES. SINUS CONGESTION. ALSO HAS ASTHMA; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	The patient is a 34 year old Caucasian/White female who presents with moderate nasal congestion that began 2 years ago. The congestion involves both sides of the nose and the sinuses bilaterally. The onset of symptoms was gradual and was not associated w; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	The patient is a 38 year old female who presents with moderate nasal congestion that began 6 weeks ago. The congestion involves both sides of the nose and the sinuses bilaterally. The onset of symptoms was gradual and was not associated with a known preci; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	12	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	9	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	7	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Will fax clinicals.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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	2	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Mr. Watkins is a 57 y.o. male who presents to the head and neck clinic as referred for a laryngeal mass by Dr. Brian Lansford. Patient underwent an emergent trach and MDL w/ biopsy on 1/22/20 at OSF. Patient reports symptoms of sore throat 6 weeks ago and; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Mr. Young presents with a long standing right neck mass, clinically more consistent with lipoma vs dermoid cyst.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Parotid abscess 527.3/K11.3;;Chronic parotitis 527.2/K11.23;;Neoplasm of uncertain behavior of major salivary gland 235.0/D37.039; This is a request for neck soft tissue CT.; It is unknown if surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	15 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Will 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	will get a CT of the neck with contrast to look for salivary stones and asymmetry and also to determine if there is evidence of a thyroglossal duct cyst.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging,	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is 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.; R SIDE PRESSURE AND PAIN, HEADACHE, R JAW PAIN, R EYE SWLLING AND WATERING, TINDER SKIN ON R SIDE FACE AND NECK; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	HISTORY OF POSSIBLE PITUITARY TUMOR SHOWN ON IMAGING; This 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 a pre-operative evaluation for a known tumor of the middle or inner ear.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; This is a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Mr. Watkins is a 57 y.o. male who presents to the head and neck clinic as referred for a laryngeal mass by Dr. Brian Lansford. Patient underwent an emergent trach and MDL w/ biopsy on 1/22/20 at OSF. Patient reports symptoms of sore throat 6 weeks ago and; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	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 Asymmetric reflexes.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; 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 Cervical Spine MRI was performed more than 10 months ago.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; It is unknown how many 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 Head/Neck 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	CHRONIC SINUSITIS WITHOUT RELIEF FROM TREATMENT WITH ANTIBIOTICS, STEROID SPRAYS OR ANTIHISTAMINES.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	having 4 infections in the last 5 months w exacerbation of cough d/t drainage. NO better w continued bactroban and completing augment and Medrol still mouth breathing w no sense of smell and coughing; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	She is here today saying she was doing much better but went to work on 05/04/2020 for her first full day since last visit and woke with hoarseness and her uvula being swollen. She had her allergy test and was highly allergic to cats, dogs, juniper trees. ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Rodney L Bright is a 67 y.o. male with persistent left-sided sore throat. Given long history of tobacco use, will order CT of neck.; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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.; R SIDE PRESSURE AND PAIN, HEADACHE, R JAW PAIN, R EYE SWLLING AND WATERING, TINDER SKIN ON R SIDE FACE AND NECK; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Otolaryngology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The last Thoracic Spine MRI was performed more than 10 months ago.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatric Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast		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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including		1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. It is not known if the hematuria is painful.; This study is being ordered due to hematuria.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast		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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient has failed physical therapy & all conservative treatment; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Problems walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Plain films C-spine AP/lateral/flexion/extension 5/18/2020 at OA - On my review, there are significant multilevel degenerative changes grade 1 anterolisthesis of C4 on 5, disc height loss which is more pronounced at C5-6 and C6-7 comparison proximal segme; This is a request for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The patient does not have 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Physical 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 ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Assessment/Plan ;;;;1. Cervical dystonia(Spasmodic torticollis: G24.3) ; discussed case at length with her; she has asked about commenting on her work injury, I cannot do this; she has had extensive treatment for soft tissue, muscle relaxant, PT,; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There is tenderness to palpation of the upper back and paraspinal musculature with muscle spasm noted, greater on left. head tilt to left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical radiculopathy(Radiculopathy, cervical region: M54.12) ; Current spine diagnosis and prognosis reviewed with the patient today. The most common and likely spine pain generators for this patient were reviewed. Medical testing recommendations and m; This is a request for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	left arm pain and weakness represents an abrupt change in neurologic status;; 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 arm pain and weakness represents an abrupt change in neurologic status;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	- As their more recent onset of radicular right 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 conservati; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; straight leg raise test positive, Slump test (seated straight leg raise) positive, Facet-loading maneuver positive. Falls while 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical 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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Plastic Surgery	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or		"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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Plastic Surgery	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material	HAS A GROWING MASS SEVERAL YEARSNEVER DRAINED NEVER SCANNED3-4 CM MASS THAT FEELS FIXED; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Plastic Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the feet 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt has radiating pain in 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.; positive 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; 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.; 05/14/2020; There has been treatment or conservative therapy.; pain in foot and ankle; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	5/7/2020 - LEFT ANKLE PAIN, PATIENT HEARD A POP.;S86.132 - STRAIN OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER. X- RAYS W VIEWS WERE DONE.;MRI WITHOUT CONTRAST OF THE LEFT ANKLE TO FURTHER EVALUATE P; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; The study is being oordered for infection.; It is unknown if there are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	none; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Patient is a pleasant 44-year-old male presenting to clinic for evaluation of bilateral foot pain. Patient relates that he has had pain for several months to both feet, left worse than right. Patient relates the pain is associated with masses to the pla; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; Surgery is planned for within 30 days.; The study is being ordered for a pre op.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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.; The patient has not had a recent bone scan.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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 immobilization for at least 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The study is being ordered for a post op.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		will upload clinical; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Posterior tibial tendinitis of left leg, Charcot's joint of ankle, left; will upload clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		worsening left foot ulceration; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73700 Computed tomography, 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.; 05/14/2020; There has been treatment or conservative therapy.; pain in foot and ankle; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient 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.; r/o neoplasm	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has 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.; Symptoms are in both feet.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	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 not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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 anti-inflammatory medication for at least 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Preventitive Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Psychiatry	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; None of the above best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; age 18 , about 2005; There has been treatment or conservative therapy.; headaches, dizziness, nausea and fatigue; Rebif; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Psychiatry	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for a neurological disorder.; age 18 , about 2005; There has been treatment or conservative therapy.; headaches, dizziness, nausea and fatigue; Rebif; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	EVALUATION OF CHRONIC SINUSITIS; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary 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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	-CT Chest (11/2019) stable 8 mm RLL nodule, repeat CT in six months (May); "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; patient is immunocompromised and has had a cough since december. pt also has had bronchitis off and on and negative chest xray, we are looking into infections since she has been having fevers.; There has been treatment or conservative therapy.; cough, shortness of breath, and fevers; pt has had inhalers and steroids off and on since the beginning of the year; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	14 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	3 month recommended CT for 8 mm nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	03/02/2020- CHEST XRAY REVIEWED - CARDIAC SILHOUETTE IS WITHIN NORMAL LIMITS. A FEW PUNCTATE SCATTERED NODULAR DENSITIES SOME OF WHICH MAY REPRESENT VESSELS ON END. DIFFUSION IS MIDLY REDUCED. FOLLOW UP CT; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	6 MO FU CT RECOMMENDED BY RADIOLOGIST DUE TO PULM NODULES AND ABN 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	6 month follow up from prior ct on 10/2019 showed stable postsurgical changes in the left hemithorax consistent with a prior left lower lobectomy, development of atelectasis; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	20	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	bronchiectasis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	check for 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	clinicals attached; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals attached.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CONCERN FOR IPF/ILD; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest in February 2018 with 9 mm lung nodule in right lobe with serial imaging. Last CT Chest in June with stable nodule. Repeat in June to document two years stability; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT is being ordered for evaluate for bronchiectasis. Patient is having increased sputum production, wheezing and dyspnea.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT of chest is being ordered for unintentional weight loss. Patient has been experiencing worsening dyspnea, wheezing and fatigue over last month. Patient has been exposed to glyphosate.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	F/U FOR 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	f/u pulm nodules, smoker, will upload clinical; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up ct chest for solitary pulmonary nodule, per radiologist for short term ;ct chest low dose 9/25/19;IMPRESSION: 1. The previously described 2.2 cm noncalcified pulmonary nodular density in the right upper lobe is decreased in size and now measur; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow up CT to monitor 7mm nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up for pleural effusion; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up on lung nodule from Nov 2019; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up solitary pulmonary nodule patient had PET scan 4/13/2020 impression: Small 11x9RUL cavitory pulmonary nodule with metabolic activity but not hypermetabolic compared to mediastinal blood pool. However, this is relatively conspicuous on the nonatt; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow-up CT Scan of previously seen noncalcified pulmonary nodule that measured 5mm.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Impression: 1. Fibrotic changes in the lungs appear roughly similar to that seen on prior exams. Pattern is nonspecific at this time. 2. Pulmonary nodules as above. There is questionable new nodule in the right upper lobe measuring 7 mm. This could reflect; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	increased interstitial changes of the lungs seen on xray in feb 2020. this is a f/u ct.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lung mass; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule, needing this prior to COVID19; has not had any work up since March; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule. Per CT Chest 5/20/19 A follow-up noncontrast CT of the chest is recommended;in 12 months.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM;Patient Information;Name: ;CHARVETTE; HOWARD;DOB: ;01/27/1951;IDX #: ;ID: ;Home Phone: ;847- 401-1203;Work Phone: ;Alt Phone;;847-401- 1203;Referring Provider Information;Referring Prov; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM;Patient Information;Name: ;RANDY; BELT;DOB: ;07/24/1964;IDX #: ;ID: ;Home Phone: ;479-430-1445;Work Phone: ;Alt Phone;;479-276-6773;Referring Provider Information;Referring Provider: ; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	N/A; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule and 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a pleural effusion; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has bilateral pleural effusions; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has severe COPD and mediastinal adenopathy; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient's repeat CT chest shows stable lung nodules. Plan is to repeat her CT around 5/2020. I will order this today.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt had HRCT done 10/2019 that showed multiple lung nodules, and focus of calcification along the posterior paraspinal pleura along the RLL. Pt has hx of smoking and COPD/Emphysema and needs 6 month CT f/u per radiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT HAD NEGATIVE CXR 5/2020 WITH CONTINUED PERSISTENT COUGH AND CHEST TIGHTNESS. PT HAS HX OF COPD AND IS A CURRENT SMOKER. PT'S PFT FROM 5/2020 SHOWED REDUCTION OF FEV1, MODERATE DIFFUSION ABNORMALITY AND MODERATE RESTRICTION.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has bilateral pulmonary nodules, history of smoking, and family hist of lung cancer.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020

Pulmonary  
Medicine

Approval

71250 Computed  
tomography,  
thorax; without  
contrast material

pt has copd and lung nodules. pt has SOB for 4 to 5 months pt also has double vision. pt has had abn chest xray for over 3 years. on pt referral pt has hx noted dx codes: R06.02, f17.200, i10, E11.9, R93.8, F41.9 ct noted calcified granuloma w/ 2 bilat ef; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).

1 2020 Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>pt has hx of lung nodules pt is needing a follow up of known nodules ct on 12/11/19 12.9 mm plural based nodule rll. ll mm nodule rll, prior imaging of this nodule was 9.3mm lung rads category 4b. noted new poorly defined ground glass opacity in rll could; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>pt has ILD noted on chest xray and hx of smoking; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt has SOB and this is also a follow up to a chest ct in 2018 where a lung nodule was found, and also looking for infection in lungs; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt is a current smoker she has a 5 mm rul pulm nodule with hx of ovarian cx. needing to monitor pulm nodule and rule out malignancy last ct chest wo done on 5/23/2019.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt needs f/u for bilateral hilar and mediastinal lymphadenopathy and multiple lung nodules found on CT from 1/2020; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH HX OF SECONDHAND SMOKE EXPOSURE AND COPD NEEDING EVALUATION OF LUNGS FOR F/U OF MULTIPLE LUNG NODULES FOUND ON 12/2019 CT. PER RADIOLOGIST'S RECOMMENDATION, PT NEEDS 6 MO F/U 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH LUNG CANCER HX S/P RUL LOBECTOMY, CENTRIOBULAR EMPHYSEMA, SMOKING HX, AND MULTIPLE LUNG NODULES NEEDS F/U EVALUATION OF LUNGS FOR RLL PARENCHYMAL 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt with severe emphysema/COPD and chronic respiratory failure with acute hypoxia presenting with hemoptysis x1 week.; It is not known if the patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH SMOKING HX NEEDS EVALUATION OF LUNGS FOR INCREASING DYSPNEA WITH ASSOCIATED 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH SMOKING HX NEEDS EVALUATION OF LUNGS FOR ONGOING COUGH TREATED WITH ABX AND STEROIDS WITHOUT IMPROVEMENT.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt with smoking hx, occupational exposure, and COPD presenting with worsening dyspnea needs evaluation of lungs.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt. suspected Sarcoidosis, prevascular lymph nodes-1.6 x 3.2 cm, has increased in size from 10x33mm. Steriods have been started.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary infiltrates, evaluate murmur, on 04/29/20 , predominantly tree in bud opacities within the right upper lobe and middle lobe, focal glass opacity left lower lobe likely representing infectious or inflammatory process; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	R/o fibrosis; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	r/o pulmonary edema; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Referring Provider Information;Referring Provider: Kyle Hardy;NPI:1427094390;Facility Name: Medical Associates Of NW Arkansas;Submitted By;;Email;;Requested Exam;Requested Exam: CT chest w/ contrast;Anticipated Date:4/14/20;Reporting;;Signed ST; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	See clinical notes.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	she returns to Fort Smith.;We will also need to complete the work-up for connective tissue disease. Previously ANA, ANCA and rheumatoid factor have been negative but she had a mildly elevated CRP in May 2019.;We will need to obtain an HRCT of the chest; This study is being ordered for Inflammatory/ Infectious Disease.; 1-1-16; There has been treatment or conservative therapy.; COUGH ;SHORTNESS OF BREATH;FORMER SMOKER; MEDICATION;OXYGEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	SMOKER WITH COPD HAD PREVIOUS CT CHEST 9/2019 THAT NOTED 3 INDETERMINATE LUNG NODULES THAT REQUIRE FOLLOW-UP PER RADIOLOGIST RECOMMENDATIONS.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020 4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020 4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There are mild, chronic pleural-parenchymal changes without;specific pattern of interstitial lung disease.;2. Scattered subtle groundglass predominant centrilobular nodules are;nonspecific, may be infectious/inflammatory in etiology. Differential;con; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this is a followup ct chest for multiple nodules of lung; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this is a followup for lung nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this pt has known pulm nodule w pet scan suv of 1.6 aggressive in 2019 this is to monitor and or change type of treatment if needed.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this scan is a 3 month follow up to the ct he had on 3/3/20 that showed mediastinal lymphadenopathy measuring up to 1.8 cm in the right paratracheal region; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	will fax records; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	will fax records; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	will fax records; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Clinicals 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.; 2013; There has been treatment or conservative therapy.; Shortness of breath, Cough; Clinicals attached; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	5 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; patient is immunocompromised and has had a cough since december. pt also has had bronchitis off and on and negative chest xray, we are looking into infections since she has been having fevers.; There has been treatment or conservative therapy.; cough, shortness of breath, and fevers; pt has had inhalers and steroids off and on since the beginning of the year; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	We are ordering a CT Guided Lung Biopsy of the right upper lobe as patient has a spiculated mass in the right upper lobe which extends into the right upper lobe bronchus and into the right lung hilum. Compatible with Lung Cancer .There are enlarged lymph; Requestor has decided to proceed with the unlisted code.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary 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 patient does not have a clinical risk of osteoporosis or osteopenia.; The patient has been on steroid therapy for more than 3 months.; The patient is not post- menopausal or estrogen deficient.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; It is unknown how many 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 Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Clinicals 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.; 2013; There has been treatment or conservative therapy.; Shortness of breath, Cough; Clinicals attached; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Rocky S Smith is a 66 y.o. male seen in the clinic for evaluation of shortness of breath at the request of Kristen Woods, APRN. Patient states he was treated for pneumonia in November and again at the beginning of this month. He finished a course of ste; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	she returns to Fort Smith.;We will also need to complete the work-up for connective tissue disease. Previously ANA, ANCA and rheumatoid factor have been negative but she had a mildly elevated CRP in May 2019.;We will need to obtain an HRCT of the chest; This study is being ordered for Inflammatory/ Infectious Disease.; 1-1-16; There has been treatment or conservative therapy.; COUGH ;SHORTNESS OF BREATH;FORMER SMOKER; MEDICATION;OXYGEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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.	2 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	9 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	;"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>Harlon James Alford is a pleasant 54 y.o. male patient with persistent cough, suspect diagnosis of reactive airway dysfunction syndrome with cough occurring after an episode of respiratory tract infection. As noted above patient has had detailed GI eval; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Harlon James Alford is a pleasant 54 y.o. year old male patient who has been referred to pulmonology for evaluation of cough. ;Tobacco use/occupation history/Pets:He is a former smoker.He worked as truck driver/foreman.He has no pets.He has symptoms of ; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	History: Michael Shane Garner is 48 years M with PMH of Asthma, bronchitis during childhood, DM and HTN, and multiple allergies. Used to be on allergy shots during childhood. He is here in clinic because his respiratory symptoms are getting worse, more wh; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	LUNG NODULES / REFERRAL - DOUBLE CHECKING; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Michael Shane Garner is 48 years M with PMH of Asthma, bronchitis during childhood, DM and HTN, and multiple allergies. Used to be on allergy shots during childhood. He is here in clinic because his respiratory symptoms are getting worse, more wheezes, us; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	No acute disease, no focal pneumonia.; Probable hilar mediastinal adenopathy. Although this could be;sarcoidosis, it is nonspecific and pathologic adenopathy including;lymphoproliferative disorders is possible. Comparison prior;radiographs if availa; 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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Panlobular emphysema;COPD; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient had an abnormal CT that shows inflammatory process; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PREVIOUS CT DONE 3/2020 SHOWED MULTIPLE PERILYMPHATIC NODULES IN THE LUNGS WITH ASYMMETRIC INVOLVEMENT, RT GREATER THAN LT WITH MODERATE MEDIASTINAL ADENOPATHY. FINDINGS COMPATIBLE WITH STAGE 2 SARCOIDOSIS. NEEDS F/U EVALUATION OF LUNGS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT IS A CURRENT SMOKER WITH COPD AND PERSISTENT COUGH NEEDING EVALUATION OF LUNGS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT WITH COPD AND SIGNIFICANT SMOKING HX NEEDS EVALUATION OF LUNGS FOR INCREASING DYSPNEA.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SHRTENESS 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	solitary lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is presenting new signs or symptoms.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss, 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS ;;CALL DR GREGORY WHITES OFFICE FOR ADDITIONAL INFORMATION;;PH# 430-200-5864; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	75557 Cardiac magnetic resonance	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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 Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Pulmonary Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	n/a; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a 3 month f/u to see how his cancer is doing. .; This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	70544 Magnetic resonance angiography, head; without	ATTACHED INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 is experiencing dizziness.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	12	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	8	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	6	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	MRI brain, due to the fact she has not had a complete scan.. ;1.3 cm nodule or nodular infiltrate in the left upper lobe. This developed since the last exam. Favor infection but cannot rule out neoplasm.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Patient had two 4 mm nodules on a CT Abdomen and we need a CT Chest to evaluate.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Patient is a current every day smoker. Recent COPD exacerbation.; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 specialty is Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	There are 3 exams are being ordered.; One of 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; Pt has numbness and paralysis, cannot move legs.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging,	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	for radiation treatment rectal spacer mri need to locate spacers; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Neoplasm: cervix; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient has been diagnosed with prostate cancer and will be having radiation therapy treatments. Prior to starting these treatments he will have a rectal spacer placed known as a SpaceOAR. The MRI is necessary to view exactly where the spacer was placed s; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient is post Cystoscopy and will be starting radiation/chemotherapy. A scan is needed for Radiation therapy planning; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pt has been diagnosed with prostate cancer and will have fiducial markers and a rectal spacer (SpaceOAR) placed prior to beginning radiation therapy treatments, so he needs the MRI for Dr. Wang to use the images to plan his daily radiation treatments.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	radiation therapy has rectal spacer placed mri needed for treatment planning; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation 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 Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	surveillance of limp nodes; This is a request for an Abdomen and Pelvis CT.; 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.; It is unknown if the patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Disapproval	70450 Computed tomography, head or brain; without contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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.; This is NOT being ordered to distinguish tumor(s) from treatment related tissue necrosis.; The patient has Brain cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Also Pt is on aspirin and Plavix and other medication; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/31/2017; There has been treatment or conservative therapy.; Dizziness, headache, elevated blood pressure, Loss Of balance; Angioplasty Stent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 10/05/2018; There has been treatment or conservative therapy.; weakness for 3-4 days prior to adm. to ER. headaches, dizziness, slurred speech, weakness on left side but righted numbness.; cerebral arterial gram 4 vessel, periodic surveillance, taking aspirin and 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	slurred speech, left facial droop; This study is being ordered for a neurological disorder.; 07/08/2019; There has been treatment or conservative therapy.; left sided 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Also Pt is on aspirin and Plavix and other medication; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/31/2017; There has been treatment or conservative therapy.; Dizziness, headache, elevated blood pressure, Loss Of balance; Angioplasty Stent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 10/05/2018; There has been treatment or conservative therapy.; weakness for 3-4 days prior to adm. to ER. headaches, dizziness, slurred speech, weakness on left side but righted numbness.; cerebral arterial gram 4 vessel, periodic surveillance, taking aspirin and 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	slurred speech, left facial droop; This study is being ordered for a neurological disorder.; 07/08/2019; There has been treatment or conservative therapy.; left sided 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70544 Magnetic resonance angiography, head; without	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	will fax; This 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	Follow up to 6 month previous scan. Previous scan 1/24/2020. Member had renal cell carcinoma of kidney. Treated cancer on 1/23/2019 - froze tumor. Scan done to check for any occurrence; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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&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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Will fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired	Will fax clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Radiology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	MBR is currently hospitalized.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Radiology	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 would be the first PET Scan performed on this patient for this cancer.; 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 NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rehabilitations	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	Chest X ray - new reticular nodular infiltrate at the right pulmonary apex.; 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 ; Continued; This is NOT a request for a member demonstrating symptoms of Covid-19 (CORONAVIRUS) for evaluation or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	will fax; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	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.; 4/2/2020; There has been treatment or conservative therapy.; pain. weakness.; oral steroids. 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2/2020; There has been treatment or conservative therapy.; pain. weakness.; oral steroids. 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of lumbar and pelvic are the only diagnostic imaging that confirm Ankylosing Spondiitis.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/09/2020; There has been treatment or conservative therapy.; Pain in lower back and xrays showed bilateral CAM type femoral acetabular morphology. Severe L4-L5 disc degenerative change and I need to rule out Ankylosing Spondiitis.; Change Ibuprofen to Mobic 15mg/day prn (#30).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Xray shows possible femoral acetabular impingement and I need to evaluate if he needs surgery.; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	fall- increased pain on back and pelvis. Degen disc disease on xray.; The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI of lumbar and pelvic are the only diagnostic imaging that confirm Ankylosing Spondiitis.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/09/2020; There has been treatment or conservative therapy.; Pain in lower back and xrays showed bilateral CAM type femoral acetabular morphology. Severe L4-L5 disc degenerative change and I need to rule out Ankylosing Spondiitis.; Change Ibuprofen to Mobic 15mg/day prn (#30).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	will upload clinical .; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	CONDITION WORSENING EVEN AFTER 3 MONTHS REST AND THERAPY; This study is being ordered for a neurological disorder.; 1- 2 YEARS; There has been treatment or conservative therapy.; RIGHT WRIST AND HAND PAIN, RADIATING TO FINGERS; NSAID, PAIN MEDS, REST, ICE, THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	will upload clinical .; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; will upload clinical; will upload clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	CONDITION WORSENING EVEN AFTER 3 MONTHS REST AND THERAPY; This study is being ordered for a neurological disorder.; 1-2 YEARS; There has been treatment or conservative therapy.; RIGHT WRIST AND HAND PAIN, RADIATING TO FINGERS; NSAID, PAIN MEDS, REST, ICE, THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	will upload clinical .; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; will upload clinical; will upload clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Rheumatology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		neck pain with radiating s/s; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling, weakness on right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; acute pain	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;		This is a requests for a hip MRI.; It is not known if the request is for hip pain.; The study is not requested for any of the standard indications for Knee MRI	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Sports 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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Sports Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; It is not known if the request is for hip pain.; The study is not requested for any of the standard indications for Knee MRI	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	I have seen and examined the patient. I have reviewed his testing as well. I discussed with the patient the diagnosis of a confirmed lung cancer in the right middle and lower lobe and the implications of this diagnosis. I will order a MRI brain, PFTs, and; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient had melanoma of his left thigh that metastasized to his left inguinal lymph node. He also has a diagnosis of prostate cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; SEE NOTES; There has been treatment or conservative therapy.; STOMACH PAIN AND CHEST PAIN; TAKING MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	I have seen and examined the patient. I have reviewed his recent Ct chest as well. There is no signs of recurrence. Overall, he is doing well post op lobectomy. He has no new complaints. I will see him back in clinic in 6 months with a follow up Ct chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Previous X-ray shows 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	she is reporting abdominal pain to her right upper quadrant and right flank. She is doing well from a breast standpoint. She also reports that her sister was recently diagnosed with cancer (pancreas, liver, gallbladder, and gastric). She reports only abdo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient is a 64 year old Caucasian female who returns for 3 month follow-up for ductal carcinoma in situ. she was last seen on 02/18/2020 ;she is reporting abdominal pain to her right upper quadrant and right flank. She is doing well from a breast st; There has not been any treatment or conservative therapy.; abdominal pain to her right upper quadrant and right flank.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	The patient has a newly diagnosed 2.4cm invasive duct cell carcinoma in her right breast.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if	; 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinicals attached; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.; Toradol, Dexamethasone	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Clinicals attached	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Clinicals attached.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Clinicals 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.; 10/05/2017; There has been treatment or conservative therapy.; Lumbar back pain that has worsened, hip and leg pain, joint stiffness, severe paraspinal muscle spasm, patchy sensory changes, positive straight leg raise on the right.; Previous surgery, Exercise, LESI, Oral 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	; It is not known if there is a known tumor.; 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."; It is not known if there is a known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered due to 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	pt has tenderness to left groin area,hx of hernia in the past . get aggravated by physical activity. pt reports no s/s of obstruction . On exam unable to palpate on exam but he does have tenderness; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	status recent post lower anterior resection; pre-op for reversal procedure; The patient is undergoing active treatment for cancer.; There is a known tumor.; 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 study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	There is not a known tumor.; 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."; "There are active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; There is a known pelvic infection.; "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 ; The surgery being considered is NOT a hip replacement surgery.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The study is not requested for shoulder pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a 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 being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	ostomyitis and abscess; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	THIS IS A FOLLOWUP ON A PANCREATIC LESION, 1.7 X 1.7 CM WELL CIRCUMCISED NONENHANCING ROUND LESION WITHIN THE PANCREATIC HEAD. LAST STUDY WAS 07/26/2019; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	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.; SEE NOTES; There has been treatment or conservative therapy.; STOMACH PAIN AND CHEST PAIN; TAKING MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	49-year-old female had a current incarcerated incisional hernia repair November 2017 then incision and drainage of an abscess abdominal wall with wound VAC placement in 2018 February which took a long time to heal. She now has developed a recurrent hernia; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;fax clinicals; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	EVALUATE AN ABCESS - MULTIPLE INTER ABDOMINAL ADDRESSED DURING SURGERY 03/24/2020. DIVERTICULITIS CHRONIC PREFERATION; This is a request for an Abdomen and Pelvis CT.; 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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pain for over a month; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has history of intra-abdominal venous shunt and hydrocephalus. Patient is having nausea, abdominal swelling and lower abdominal pain. Patient may have possible abdominal hernia.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was recently hospitalized following suicidal ideation. She complained of abdominal pain and distention at that time and underwent an ultrasound of the abdomen which showed a fat containing umbilical hernia at the superior aspect of the umbilicus.O; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt has had an egd and colonoscopy which was within normal limits. pt has had diarrhea along with abdominal pain. Stool studies are normal.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has had multiple abdominal surgeries and has possible incisional ventral hernia. She is having abdominal pain with a buldge that she is unable to push back in.; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt is complaining of severe abdomen pain and difficulty bowl movements; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	she is reporting abdominal pain to her right upper quadrant and right flank. She is doing well from a breast standpoint. She also reports that her sister was recently diagnosed with cancer (pancreas, liver, gallbladder, and gastric). She reports only abdo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; The patient is a 64 year old Caucasian female who returns for 3 month follow-up for ductal carcinoma in situ. she was last seen on 02/18/2020 ;she is reporting abdominal pain to her right upper quadrant and right flank. She is doing well from a breast st; There has not been any treatment or conservative therapy.; abdominal pain to her right upper quadrant and right flank.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	status Post hernia think hernia has come back Surgery on 11/25/2019 repair of hernia with plug and mesh ; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	surgery date not set; hernia repair. will attach clinicals; This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is not planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	SUSPECTED VENTRAL HERNIA; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient has a newly diagnosed 2.4cm invasive duct cell carcinoma in her right breast.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient is c/o bilateral testicular pain, left groin pain and perineal pain. The patient has tenderness of femoral triangle. Scrotal ultrasound demonstrates mild right hydrocele; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Will FAX; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	History of atypical ductal hyperplasia (ADH) in right breast. Has a TC 37%.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Lymphoid tissue cores showing adenocarcinoma, poorly-differentiated, metastatic, consistent with breast primary (see comment). ";The malignant pathology findings and imaging findings are concordant. Recommend consultation with breast surgery for furth; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient feels fullness in the upper outer quadrant of her left breast. She has a history of breast cancer on the left, with implant placement and leakage/replacement of implant. Mammogram from January and ultrasound from April were unrevealing.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	The breasts are heterogeneously dense. This does limit sensitivity of mammography somewhat as small lesions may be obscured by dense breast tissue. Parenchyma is distributed in a generally symmetric and unchanged pattern and no new masses, skin changes o; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for 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)	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	Patient had melanoma of his left thigh that metastasized to his left inguinal lymph node. He also has a diagnosis of prostate cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	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)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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 Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Pt. went to ED and was told to get a preauth for MRCP by MDO.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Will FAX; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	05/06/2020; There has not been any treatment or conservative therapy.; Dark red rectal bleeding, constipation and colonic mass; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	POST OP PORT PLACEMENT (URGENT) CONCERN THAT PORT WENT DOWN INTO ARTERY INSTEAD OF PROPER PLACE; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	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 evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals 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.; 10/05/2017; There has been treatment or conservative therapy.; Lumbar back pain that has worsened, hip and leg pain, joint stiffness, severe paraspinal muscle spasm, patchy sensory changes, positive straight leg raise on the right.; Previous surgery, Exercise, LESI, Oral 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	clinicals attached; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	persistent left inguinal pain following inguinal repair; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	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 as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	05/06/2020; There has not been any treatment or conservative therapy.; Dark red rectal bleeding, constipation and colonic mass; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; Reason: ELSE (system matched response); RECURRENCE OF VENTRAL HERNIA;PREV REPAIR 01/25/2019; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; Reason: ELSE (system matched response); UMBILICAL HERNIA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgery	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgical 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 Surgical Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	LAST CT WAS 1/3/20;IMPRESSION:; Stable soft tissue density in the anterior mediastinum now measuring;3.2 x 1.4 cm unchanged from 09/27/2019 study. Non-specific, could be;related to enlarged lymph node versus a thymic 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	5	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	73706 Computed tomographic angiography, lower extremity, 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 Surgical Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal amalyse or lipase was NOT noted.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2015; There has been treatment or conservative therapy.; cant swallow, painful, regurgitation; dialate, previous surgeries , anti reflux medication; The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2015; There has been treatment or conservative therapy.; cant swallow, painful, regurgitation; dialate, previous surgeries , anti reflux medication; The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Surgical Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	surveillance liver mass; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	ASCENDING AORTIC ANEURYSM FOLLOW UP.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	post opt bypass surgery earlier this monthlooking for bone 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Recent visit -- had fainting spells.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	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 Thoracic Surgery	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, 78451	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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		The patient had a CT of the chest done on 9/4/16 which was reviewed by Dr. Levy along with the previous CT images. He also reviewed her past medical and surgical history along with her current medications. He then had a detailed discussion with the patient; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		unknown; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Disapproval	75571 Computed tomography, heart, without contrast material,	Radiology Services Denied Not Medically Necessary	Preoperative Evaluation for Surgery; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Preoperative Evaluation for Surgery; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Thoracic Surgery	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		2 week evaluation of ICH; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Concussion/Head Injury - m1;Reported by patient.;Onset: date of occurrence: 6 days ago; no medical attention received ;Mechanism of Injury: no history of concussion; no amnesia for events prior to injury; no amnesia for events after injury; able to att; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	For duration, patient reports 1 months. For severity, she reports average pain level over the last week 6/10. For location, she reports neck __. For quality, she reports sharp and stabbing.;Known to me. Was admitted to basptist with a shunt that was extr; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	patient has a headache; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Patient was an unrestrained driver ejected during motor vehicle accident. Concern for DVT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; This is a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	ultrasound led to recommendation of CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/14/2020; There has been treatment or conservative therapy.; knot and swelling on right side of neck and head in lymph node area; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Unknown; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient has been coughing up blood and nose bleeds for 2 wks needs further evaluation with ct to see what is causing this.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	ultrasound led to recommendation of CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/14/2020; There has been treatment or conservative therapy.; knot and swelling on right side of neck and head in lymph node area; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Right: 80-99% carotid artery stenosis with critical velocities and antegrade vertebral flow. Left: Chronically occluded ICA. Antegrade vertebral flow.; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Right: 80-99% carotid artery stenosis with critical velocities and antegrade vertebral flow. Left: Chronically occluded ICA. Antegrade vertebral flow.; Right: 80-99% carotid artery stenosis with critical velocities and antegrade vertebral flow. Left: Chronically occluded ICA. Antegrade vertebral flow.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and	See clinical notes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Right: 80-99% carotid artery stenosis with critical velocities and antegrade vertebral flow. Left: Chronically occluded ICA. Antegrade vertebral flow.; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Right: 80-99% carotid artery stenosis with critical velocities and antegrade vertebral flow. Left: Chronically occluded ICA. Antegrade vertebral flow.; Right: 80-99% carotid artery stenosis with critical velocities and antegrade vertebral flow. Left: Chronically occluded ICA. Antegrade vertebral flow.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	24 year old female with low back and nek pain as well as intermittent numbness in feet and hands. Also has So and frontal headaches. No pain/ temperature loss. No imbalance.Since childbirth hash had some stress incontinence and possibly increased incontin; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; 24 year old female with low back and nek pain as well as intermittent numbness in feet and hands. Also has So and frontal headaches. No pain/ temperature loss. No imbalance.Since childbirth hash had some stress incontinence and possibly increased incontin; Home exercises & antiinflamatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chronic neck pain, xrays show DJD worst at C5-C6 no acute abnormality. recurrent falls over the past year. she feels she leans to the left. she also notes over the past 6 months when she walks she has noted she staggers off to the left.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	For associated symptoms, patient reports weakness and falls. For duration, he reports 3 years. For frequency, he reports constantly. For severity, he reports average pain level over the last week 8/10. For location, he reports neck both and arm(s) both. F; This study is being ordered for a neurological disorder.; 2017; It is not known if there has been any treatment or conservative therapy.; imited range of motion, muscle/joint aches, muscle loss/atrophy,bowel incontinence,visual changes,decreased ROM, tenderness;everal years history of SO headaches , neck stiffness, tinnitus/ hearing loss, UE atrophy/ weakness and balance issues. No palpita; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	For duration, patient reports 3 months. For severity, she reports average pain level over the last week 07/10. For location, she reports neck ___ and leg(s) ___. For quality, she reports aching, throbbing, and numb.;9 months post cranioplasty. Wound C/D/IS; This study is being ordered for a neurological disorder.; 1/15/19; There has been treatment or conservative therapy.; Severe headaches; surgery 4/3/19; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	frequent headaches, thoracic syrinx; This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; xtension restricted, left rotation restricted, right rotation restricted; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	NeurosurgeryPatient has atypical headaches stating that she has had an increase in frequency and intensity of her headaches over the past 3 weeks. Patient states over the past 1 week she has been woken from sleep 3 times by her headaches. The last about 3; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>Patient presents with her daughter today. Her daughter states that she has noticed her mom has periods where she stares off blankly and is not responsive for about 5 to 10 seconds. They have noticed this for over a year. She has one episode a month or so.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>PM&amp;R Spine;HPI;For frequency, patient reports occasionally. For severity, he reports average pain level over the last week 6/10. For location, he reports arm(s) __. For quality, he reports dull, stabbing, and numb. For associated symptoms, he reports no; This study is being ordered for a neurological disorder.; 8/6/2019; There has been treatment or conservative therapy.; Severly symptomatic CHIari I, neck to right shoulder pain with heaviness in right arm, headaches; Surgery, nasogastric tube placement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt has been seen three times for sudden severe headaches that are more frequent. She has syncope and dizziness. Along with MEMORY LOSS. Recent request for a CT was denied due to no MRI.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	See clinical notes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She does complain of neck pain, low back pain, as well as pain, numbness and paresthesias throughout her bilateral upper and lower extremities. She also complains of visual difficulty. On examination, the patient seems to endorse bilateral temporal visu; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She initially had a density seen on her chest x-ray which led to a CT scan of her chest revealing a right-sided chest wall and paravertebral lesion in the midthoracic spine. She has been further imaged with an MRI scan which shows multi lobulated nodules; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Sudden onset, worsening left facial paralysis in a 7 year old; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.; None of the above best describes the reason that I have requested this test.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	three year history of facial pain involving the left maxillary and mandibular distributions of the facial nerve. Her pain is present continuously. Her pain is exacerbated by talking, chewing, and drinking. Cold weather also seems to be very bothersome ; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	will fax clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	1. She has finished XRT, on 02/05/2020 We will observe for now as there is no further therapy for her at this time as she is triple negative;2. Continue home medications. ;3. Vital signs and lab reviewed and discussed with patient. ;4. CBC, CM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	1/15/20- Steven had a low grade lymphoma in his upper duodenum. He has had three months of Rituxan and maintenance Rituxan. His last treatment was a couple of years ago. His last scans and EGD last were negative. ;;He had a prostate cancer originall; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	2/8/20 office visit;;Ms. Fisher is a very young woman with ER negative, HER-2 positive breast cancer diagnosed in April 2018. She had axillary nodes by PET, nothing else. She had chemo/Perjeta/Herceptin, and then Perjeta/Herceptin alone. She finished Ia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	4/21/20----1. I will continue to hold chemo until after she heals from breast reconstruction. Once she has healed I will start Herceptin 380 mg IV and Perjeta 420 mg IV with premeds consisting of Aloxi 0.25 mg IV, Dexamethasone 10 mg IV, Benadryl 25 mg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	09/13/2019; There has been treatment or conservative therapy.; chest pain; chemo;XRT to chest; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Assessment;;Tammie has an ER negative, HER-2 negative, aggressive breast cancer involving the breast and nodes in the axilla, by PET. She has had one round of TEC-based chemo. Neulasta was refused by insurance and she had a severe neutropenia. Not much w; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals attached.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals loaded; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info 10/26/2018Given; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	I reviewed her chest x-ray. I do not have the CT to look at. I actually am concerned about her hila also. She needs a follow-up CT scan of the chest in July. That was also the recommendation from Highlands oncology; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Impression: 1. Total occlusion of the left internal carotid artery. Recommend neuro interventional consultation for discussion of treatment options. 2. Bilateral calcified and noncalcified atherosclerotic plaque. 3. Right superior mediastinal lymphadenopa; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Jeff has adenocarcinoma of the distal esophagus. His PET scan showed adenopathy and lung nodules. He has had three rounds of chemotherapy. He has developed chest pain and PE. He has a stent in and is on blood thinners but he looks at lot better and his; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	pt has mpn increasing in size; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Shortness of breath. 3 mos repeat scan; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	STAGE IV RECTAL CA WITH METASTATIC DISEASE TO THE LT ADRENAL GLAND, MULTIPLE PELVIC LYMPH NODES, INVASION OF THE BLADDER, PROSTATE, AND SEMINAL VESICLES. PT HAD 4 CYCLES OF FOLFOX. PT NEEDS 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	The CT chest did show some postinflammatory pulmonary nodules but a worrisome right lower lobe lung nodule which measured more than 2 cm was seen. Patient was notified and in view of the high risk of malignancy set up for CT-guided biopsy. He went for t; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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."; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	will fax records; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	will fax records; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	clinical attached; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mild AR with mild aortic root dilation and mild dilation of proximal ascending thoracic aorta (4 cm)- increased to 4.6 cm on echo of 6/23/20- worse.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including	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.; Yes, this is a request for a Chest CT Angiography.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	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.; Yes, this is a request for a Chest CT Angiography.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopath	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	Mixed signal intensity, possibly solid and cystic exophytic mass at;the right kidney lower pole. Outpatient pre and postcontrast CT of the;abdomen is suggested for further evaluation; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	Noted interval possible fracture of the C4 right screw. No falls or injuries that he can recall. Will obtain CT to confirm.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient finished physical therapy treatment and has been to chiropractic care for the last 3 months. No improvement to his symptoms of cervical pain and radiculopathy to both upper extremities. MRI was chosen but this request was rerouted and CT was sug; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	Patient is post op on 10/31/2019, continued pain; This study is being ordered for a neurological disorder.; 03/2019; There has been treatment or conservative therapy.; Right lower extremity pain/low back pain; Lumbar epidural steroid injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Chronic neck pain, xrays show DJD worst at C5-C6 no acute abnormality. recurrent falls over the past year. she feels she leans to the left. she also notes over the past 6 months when she walks she has noted she staggers off to the left.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This 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.; grip 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>For duration, patient reports 3 months. For severity, she reports average pain level over the last week 07/10. For location, she reports neck ___ and leg(s) __. For quality, she reports aching, throbbing, and numb.;9 months post cranioplasty. Wound C/D/IS; This study is being ordered for a neurological disorder.; 1/15/19; There has been treatment or conservative therapy.; Severe headaches; surgery 4/3/19; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>pleasant forty-seven-year-old male with a several year history of progressively worsening neck pain that radiates into the left upper extremity associated with numbness and paresthesias. Although he does not have any history of deterioration in manual de; 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.</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PM&R Spine;HPI;For frequency, patient reports occasionally. For severity, he reports average pain level over the last week 6/10. For location, he reports arm(s) ___. For quality, he reports dull, stabbing, and numb. For associated symptoms, he reports no; This study is being ordered for a neurological disorder.; 8/6/2019; There has been treatment or conservative therapy.; Severly symptomatic CHIari I, neck to right shoulder pain with heaviness in right arm, headaches; Surgery, nasogastric tube placement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	She initially had a density seen on her chest x-ray which led to a CT scan of her chest revealing a right-sided chest wall and paravertebral lesion in the midthoracic spine. She has been further imaged with an MRI scan which shows multi lobulated nodules; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	will upload clinical; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; will upload clinical; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for trauma or injury.; 01/03/2020; There has been treatment or conservative therapy.; developed pain in bilateral legs, an increase in her back pain, and weakness and numbness of the legs; bracing 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	frequent headaches, thoracic syrinx; This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; xtension restricted, left rotation restricted, right rotation restricted; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient is needing MRI's of both Thoracic Spine and Lumbar Spine to see what is causing the patient such a large amount of pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	She initially had a density seen on her chest x-ray which led to a CT scan of her chest revealing a right-sided chest wall and paravertebral lesion in the midthoracic spine. She has been further imaged with an MRI scan which shows multi lobulated nodules; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for trauma or injury.; 01/03/2020; There has been treatment or conservative therapy.; developed pain in bilateral legs, an increase in her back pain, and weakness and numbness of the legs; bracing 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	ON 04-30 PATIENT INITIALLY CAME IN FOR ABD PAIN. ;PATIENT WENT TO THE ER A CT OF ABD WAS DONE WHICH WAS NORMAL. ;05-12 PATIENT CAME IN AND STILL HAD BACK PAIN. XRAY WAS ORDERED AND DONE. XRAY IS ABONORMAL SHOWED ANKYLOSIS OF LUMBAR SPINE PT IS 47 YEARS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient is needing MRI's of both Thoracic Spine and Lumbar Spine to see what is causing the patient such a large amount of pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient is post op on 10/31/2019, continued pain; This study is being ordered for a neurological disorder.; 03/2019; There has been treatment or conservative therapy.; Right lower extremity pain/low back pain; Lumbar epidural steroid injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	She does complain of neck pain, low back pain, as well as pain, numbness and paresthesias throughout her bilateral upper and lower extremities. She also complains of visual difficulty. On examination, the patient seems to endorse bilateral temporal visu; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	She initially had a density seen on her chest x-ray which led to a CT scan of her chest revealing a right-sided chest wall and paravertebral lesion in the midthoracic spine. She has been further imaged with an MRI scan which shows multi lobulated nodules; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	8 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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.; It is not known if the patient has 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	11	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	4	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	8	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	9	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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.	2 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	3	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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?	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; The request is for shoulder pain.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Non-healing ulcer , physician would like further imaging to make sure there is no bone infection, previous x-ray; This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is requested for a reason other that ankle pain.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; Surgery is planned for within 30 days.; The study is being ordered for a pre op.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is planned in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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; Surgery is NOT being planned.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1. She has finished XRT, on 02/05/2020 We will observe for now as there is no further therapy for her at this time as she is triple negative;2. Continue home medications. ;3. Vital signs and lab reviewed and discussed with patient. ;4. CBC, CM; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1/15/20- Steven had a low grade lymphoma in his upper duodenum. He has had three months of Rituxan and maintenance Rituxan. His last treatment was a couple of years ago. His last scans and EGD last were negative. ;;He had a prostate cancer originall; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2/8/20 office visit;;Ms. Fisher is a very young woman with ER negative, HER-2 positive breast cancer diagnosed in April 2018. She had axillary nodes by PET, nothing else. She had chemo/Perjeta/Herceptin, and then Perjeta/Herceptin alone. She finished Ia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/21/20----1. I will continue to hold chemo until after she heals from breast reconstruction. Once she has healed I will start Herceptin 380 mg IV and Perjeta 420 mg IV with premeds consisting of Aloxi 0.25 mg IV, Dexamethasone 10 mg IV, Benadryl 25 mg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/13/2019; There has been treatment or conservative therapy.; chest pain; chemo;XRT to chest; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdomen: Inspection and Palpation: no masses, rebound tenderness, or CVA tenderness; guarding, epigastric tenderness (there is diffuse tenderness all over abdomen with increased tenderness just above the umbilicus. She is guarding. Epigastric tenderness a; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Assessment;;Tammie has an ER negative, HER-2 negative, aggressive breast cancer involving the breast and nodes in the axilla, by PET. She has had one round of TEC-based chemo. Neulasta was refused by insurance and she had a severe neutropenia. Not much w; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Clinicals attached.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Clinicals loaded; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Clinicals will be loaded; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info 10/26/2018Given; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Jeff has adenocarcinoma of the distal esophagus. His PET scan showed adenopathy and lung nodules. He has had three rounds of chemotherapy. He has developed chest pain and PE. He has a stent in and is on blood thinners but he looks at lot better and his; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	kidney stone; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has history of diverticulitis and presents with similar symptoms as previously, Severe left lower quadrant pain, nausea, diarrhea; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	STAGE IV RECTAL CA WITH METASTATIC DISEASE TO THE LT ADRENAL GLAND, MULTIPLE PELVIC LYMPH NODES, INVASION OF THE BLADDER, PROSTATE, AND SEMINAL VESICLES. PT HAD 4 CYCLES OF FOLFOX. PT NEEDS 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	1. One prolonged episode of chest pain and dyspnea: 3 weeks ago, lasted 5 min. No recent stress test. ;2. Bilateral lower extremity varicose veins with the leg discomfort: Clinically fits CEAP class II. He is venous insufficiency study done on July 22, ; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of	CT coronary angiogram to look at his LAD stent make sure it is okay before we stop the Plavix; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	sharp chest pain after lifting lifting and unloading a bunch sheet rock in his house however he does have a stent placed way back in 2010 and he had a cath shortly thereafter that had some mild in-stent stenosis that was 10 years ago and so even though hi; 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 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This 46 year old female presents for Blue L Greater Toe.;Patient is a 46-year-old female here today for new patient evaluation of Left great toe discoloration. Patient states approximately 3 months ago her left toe was cold, numb, and had intermittent b; This study is being ordered for Vascular Disease.; 02/03/2020; There has not been any treatment or conservative therapy.; This 46 year old female presents for Blue L Greater Toe.;Patient is a 46-year-old female here today for new patient evaluation of Left great toe discoloration. Patient states approximately 3 months ago her left toe was cold, numb, and had intermittent b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78071 Parathyroid planar imaging (including	This is a request for Parathyroid SPECT imaging.; patent has hypercalcemia and Hyperparathyroidism	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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)	PAF (paroxysmal atrial fibrillation)- CHADs=1;ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery;Atherosclerosis of native coronary artery of native heart without angina pectoris;Complete heart block;Other pro; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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);	Positive for shortness of breath (w/ exertion). Positive for chest pain (occ) and leg swelling; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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; 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 Head/Neck 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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 Brain Cancer/Tumor or Mass; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>on Saturday she was doing some laundry and felt that her heart was racing and checked her blood pressure and it was 158 systolic and heart rate was 77.;pt went to Northwest Med. Center ER on 4/5/20. Pt states "I never felt right" and she noticed her hear; 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</p>	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>This 46 year old female presents for Blue L Greater Toe.;Patient is a 46-year-old female here today for new patient evaluation of Left great toe discoloration. Patient states approximately 3 months ago her left toe was cold, numb, and had intermittent b; This study is being ordered for Vascular Disease.; 02/03/2020; There has not been any treatment or conservative therapy.; This 46 year old female presents for Blue L Greater Toe.;Patient is a 46-year-old female here today for new patient evaluation of Left great toe discoloration. Patient states approximately 3 months ago her left toe was cold, numb, and had intermittent b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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.	3	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	3	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	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).	2 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	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.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	12 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	13 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Type 2 diabetes mellitus without complications.;Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris;Essential (primary) hypertension;Hyperlipidemia, unspecified;systolic dysfunction with EF of 25% to 3; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	will fax clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	RADIOLOGIST SUGGESTED A REPEAT SCAN IN 6 MONTHS; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 has not quit smoking.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	5 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness and neck pain with radiculopathy; This study is being ordered for a neurological disorder.; 04/17/2020; It is not known if there has been any treatment or conservative therapy.; Dizziness. Neck pain with 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	History of CVA (cerebrovascular accident); 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a 53 old male that comes in today with a 4 day history of atypical headache. Today patient rates his headache as 7/10. Patient states the pain feels like something is rushing in his head sometimes he feels like there is cold sensation at other ; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	PER RECOMMENDATION OF RADIOLOGIST AT MEDICAL CENTER OF SOUTH ARKANSAS DR. SHANE THARP & ENT DR. VALLERY, THE APPEARANCE OF MILDLY HYPERDENSE MATERIAL OR POSSIBLY A CALCIFIED OR BONY STRUCTURE AND CORRELATION RECOMMENDED. IF INDICATED, CORRELATION WITH C; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is experiencing frequent headaches with dizziness. Syncope, and memory loss. Pt needs to be evaluated. This is her second visit for the same issues and its progressively worse.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness. "; This study is being requested for a headache.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	PER RECOMMENDATION OF RADIOLOGIST AT MEDICAL CENTER OF SOUTH ARKANSAS DR. SHANE THARP & ENT DR. VALLERY, THE APPEARANCE OF MILDLY HYPERDENSE MATERIAL OR POSSIBLY A CALCIFIED OR BONY STRUCTURE AND CORRELATION RECOMMENDED. IF INDICATED, CORRELATION WITH C; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2/10/20-- Lesia has a strong history of sarcoid with bony and lung involvement in the past. We did not repeat biopsies in 2017, but sent her to Dr. McCracken who treated her with steroids. She got better and had no further treatment now in some time. Now,; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SEE CLINICALS; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Dizziness and neck pain with radiculopathy; This study is being ordered for a neurological disorder.; 04/17/2020; It is not known if there has been any treatment or conservative therapy.; Dizziness. Neck pain with 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	For duration, patient reports 2 years. For severity, she reports average pain level over the last week 7/10. For quality, she reports sharp, tingling, and numb.;6 Months s/p L4 - S2 fusion. CT L/S shows fusion IV and posterolateral. Hardware stable. She ; This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; left sciatica and left foot swelling, pain level 7/10; Surgery, home exercise program, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Sensation is intact to light touch in bilateral upper extremities. Reflexes are symmetric. Has a slow gait, patient has difficulty with standing on 1 leg.symptoms of myelopathy; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; Needs MRI to evaluate left arm and leg pain; There has not been any treatment or conservative therapy.; arm pain, leg pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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.; LOW BACK PAIN, NECK PAIN AND HEADACHES; ICE NECK 4 TIMES A DAY FOR 20 MINUTES, ICE MIDBACK 4 TIMES A DAY FOR 20 MINUTES, NSAIDs and AT 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 4 years ago; There has been treatment or conservative therapy.; neck pain, back pain, and chronic headaches.; medication, physical therapy, surgery, and home stretches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	24 year old female with low back and neck pain as well as intermittent numbness in feet and hands. Also has So and frontal headaches. No pain/ temperature loss. No imbalance. Since childbirth has had some stress incontinence and possibly increased incontinence; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; 24 year old female with low back and neck pain as well as intermittent numbness in feet and hands. Also has So and frontal headaches. No pain/ temperature loss. No imbalance. Since childbirth has had some stress incontinence and possibly increased incontinence; Home exercises & antiinflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	For associated symptoms, patient reports weakness and falls. For duration, he reports 3 years. For frequency, he reports constantly. For severity, he reports average pain level over the last week 8/10. For location, he reports neck both and arm(s) both. F; This study is being ordered for a neurological disorder.; 2017; It is not known if there has been any treatment or conservative therapy.; limited range of motion, muscle/joint aches, muscle loss/atrophy, bowel incontinence, visual changes, decreased ROM, tenderness; several years history of SO headaches, neck stiffness, tinnitus/ hearing loss, UE atrophy/ weakness and balance issues. No palpita; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had a round of steroids with some improvement while on treatment however symptoms returned days after completion. Patient has completed 4-6 weeks of Physical therapy and states that the symptoms are worsening and increasing in severity.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm numbness and weakness in to left hand. Pain in left shoulder, with continued and worsening pain up left side of neck and numbness and weakness from left shoulder down the left arm into the left hand.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has increased neck pain radiating to right arm. Pain interferes with work and sleep.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	See clinical notes.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient had an abnormal xray indicating a complex fracture or severe anatomic derangement of the cervical spine; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; 3/9/2020; There has been treatment or conservative therapy.; LOW BACK PAIN THAT RADIATES TO THE LEFT BUTTOCK, THIGH, CALF, AND FOOT. CONSTANT AND CHRONIC; 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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 4 years ago; There has been treatment or conservative therapy.; neck pain, back pain, and chronic headaches.; medication, physical therapy, surgery, and home stretches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	For associated symptoms, patient reports weakness and falls. For duration, he reports 3 years. For frequency, he reports constantly. For severity, he reports average pain level over the last week 8/10. For location, he reports neck both and arm(s) both. F; This study is being ordered for a neurological disorder.; 2017; It is not known if there has been any treatment or conservative therapy.; imited range of motion, muscle/joint aches, muscle loss/atrophy,bowel incontinence,visual changes,decreased ROM, tenderness;everal years history of SO headaches , neck stiffness, tinnitus/ hearing loss, UE atrophy/ weakness and balance issues. No palpita; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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.; 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.; 3/10/20 - current - no improvement; gabapentin	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; The physician has not directed a home exercise program for at least 6 weeks.;	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; 3/9/2020; There has been treatment or conservative therapy.; LOW BACK PAIN THAT RADIATES TO THE LEFT BUTTOCK, THIGH, CALF, AND FOOT. CONSTANT AND CHRONIC; 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	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 05/10/2020; There has been treatment or conservative therapy.; Low back pain radiating down the right leg.; Chiropractor, Messages, Physical Therapy, Anti-inflammatory, and home stretches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; Needs MRI to evaluate left arm and leg pain; There has not been any treatment or conservative therapy.; arm pain, leg pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; LOW BACK PAIN, NECK PAIN AND HEADACHES; ICE NECK 4 TIMES A DAY FOR 20 MINUTES, ICE MIDBACK 4 TIMES A DAY FOR 20 MINUTES, NSAIDs and AT 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 4 years ago; There has been treatment or conservative therapy.; neck pain, back pain, and chronic headaches.; medication, physical therapy, surgery, and home stretches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	due to the patients recent history of back surgery and numbness down both legs I am concerned she is having neurological problems with her back.; 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 has extreme weakness and numbness reported during physical exam. The pain in worse when flexing and extending and can not stand for prolonge time. She has had a previous back surgery and it concerned she has reinjured the same area when she fell; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	For associated symptoms, patient reports weakness and falls. For duration, he reports 3 years. For frequency, he reports constantly. For severity, he reports average pain level over the last week 8/10. For location, he reports neck both and arm(s) both. F; This study is being ordered for a neurological disorder.; 2017; It is not known if there has been any treatment or conservative therapy.; imited range of motion, muscle/joint aches, muscle loss/atrophy,bowel incontinence,visual changes,decreased ROM, tenderness;everal years history of SO headaches , neck stiffness, tinnitus/ hearing loss, UE atrophy/ weakness and balance issues. No palpita; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He complains of increased pain long his beltline, both hips, and thighs down into his;knees. Patient states that he is having pain when walking, especially lifting his legs to;go up and down steps. He has been using OTC Nsaids to help control the pain a; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Joshua Kincheloe is a 28-year-old male that presents today for follow-up of his anxiety, allergies, and left leg pain. He states that his left leg pain that is located in his thigh and does not extend to his knee or hip. It has not improved despite taki; The study requested 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	mass was found in the kidney and with other pain we want to look at the hip and lumber to rule out any spreading; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain; This study is being ordered for trauma or injury.; 5/3/2020; There has been treatment or conservative therapy.; Pain in Lumbar area; MEDS, 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has went to physical therapy with no relief. Patient is now needing due to wanting to see pain management; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Gait affect by a left leg limp, left leg "gives out at times" and leg lower leg weakness at times.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Problem walking, swelling in legs & feet, limited range of motion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; Low back pain. Pain & swelling in left left leg & foot; PT core exercises, nerve root blocks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o left low back pain, sharp and burning in nature w/ left sciatica. States the pain radiates to his LLE down to his toes causing cramps. He endorses he injured his back a few yrs ago after lifting a metal tub by himself.; Denies any saddle ane; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Tenderness in the lumbar spine and the left SI joint, positive straight leg raise on the left. no abdomen tenderness or pulsatile mass noted, there is 5/5 strength of the legs bilateral and normal sensation. 2+ DTR noted 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 NOT had back pain for over 4 weeks.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	12 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	13 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	3 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	For duration, patient reports 2 years. For severity, she reports average pain level over the last week 7/10. For quality, she reports sharp, tingling, and numb.;6 Months s/p L4 - S2 fusion. CT L/S shows fusion IV and posterolateral. Hardware stable. She ; This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; left sciatica and left foot swelling, pain level 7/10; Surgery, home exercise program, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 05/10/2020; There has been treatment or conservative therapy.; Low back pain radiating down the right leg.; Chiropractor, Messages, Physical Therapy, Anti-inflammatory, and home stretches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain; This study is being ordered for trauma or injury.; 5/3/2020; There has been treatment or conservative therapy.; Pain in Lumbar area; MEDS, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient had initial symptoms about a year ago. He reports that his thighs have been causing him discomfort for the past year. Xr done at time showed that there was a bone spur in the left femur. repeated XR given presentation and AVN seen on left femoral ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Problem walking, swelling in legs & feet, limited range of motion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; Low back pain. Pain & swelling in left leg & foot; PT core exercises, nerve root blocks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	She presents today with what could be a recurrence of her right dorsal wrist cyst, versus thickened and hardened scar. She states that this has gotten bigger over the last month. She is been doing her normal activities and not started to cause pain discom; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; more than 4 weeks exercise counseling and medication counseling; The patient received oral analgesics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73700 Computed tomography, lower extremity;	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Left posterior tib tendinitis possible recurrent tear.44-year-old female presents today with chief complaint of left medial sided ankle pain over the posterior tibial tendon. Patient history of insertional tear of the posterior tibial tendon repair and pa; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient had initial symptoms about a year ago. He reports that his thighs have been causing him discomfort for the past year. Xr done at time showed that there was a bone spur in the left femur. repeated XR given presentation and AVN seen on left femoral ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	reports that the pain has become worse especially with exercising. Pt reports that she has;started jogging and the pain is alot worse when doing this. Pt reports that the pain is on the;outside of her foot. She reports the pain as sharp and burning. She; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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	Rolled right ankle three months ago and went to ER. They told him he may have tore a ligament but has not followed up with a MRI. He wore a walking boot for a few weeks then took it off. The ankle has given him problems since. Ankle pain is 7/10 worse wit; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	lower back pain. Pain has failed to respond to rest, activity modification, NSAIDs therapy, physical therapy, and current prescription medications, which include both opioid and non-opioids.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01-18-2018; There has been treatment or conservative therapy.; Hip and Legs Pain The patient has been experiencing this pain for Greater than 1 year. She reports onset of pain was: Gradual. The patient describes her pain as Constant with intermittent flare ups. The pain is Aching, Burning, Cramping, Numbness, Sharp, ; Professional caregivers seen in the past include family physician, physical therapist, spine surgeon and neurologist. The following tests have been done in the past: MRI scan or CT scan and X-rays . She has tried NSAIDs- ibuprofen, aleve, tylenol, sports ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	mass was found in the kidney and with other pain we want to look at the hip and lumber to rule out any spreading; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	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.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2/10/20-- Lesia has a strong history of sarcoid with bony and lung involvement in the past. We did not repeat biopsies in 2017, but sent her to Dr. McCracken who treated her with steroids. She got better and had no further treatment now in some time. Now,; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with extensive history of UTI's and stones. C/O dysuria, has unusual history of gross hematuria, suprapubic pain, lower bilateral back pain radiates to bilateral lower abdomen and nausea. needing diagnostic CT to determine treatment.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient presents for evaluation of incidental finding of moderate sized hiatal hernia that was seen on CT that was performed during workup of abdominal pain from gastroenteritis. He is completely asymptomatic and does not wish to have anything done at thi; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study 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	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unspecified ovarian cyst on the right side.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient had initial symptoms about a year ago. He reports that his thighs have been causing him discomfort for the past year. Xr done at time showed that there was a bone spur in the left femur. repeated XR given presentation and AVN seen on left femoral ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	77084 Magnetic resonance (eg, proton) imaging,	Radiology Services Denied Not Medically Necessary	; This is a request for an MRI Bone Marrow.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	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,	Radiology Services Denied Not Medically Necessary	Cannabis Abuse, Uncomplicated; Other Psychoactive Substance Abuse Pre-excitation Syndrome; Varicose Veins Of Bilateral Lower Extremities With Pain; Venous insufficiency (chronic) (peripheral); Personal History Of Pulmonary Embolism; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78813 Positron emission tomography	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 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 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed	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 Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation	Radiology Services Denied Not Medically Necessary	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.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Unknown	Disapproval	93350 Echocardiograph y, 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 pharmacological y induced stress,	Radiology Services Denied Not Medically Necessary	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.; Patient with elevated BP and dyspnea on exertion needing work up.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; 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.; None of the above best describes the reason that I have requested this test.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material		01-18-2017; There has been treatment or conservative therapy.; rising tumor marker; radiation injection, IGRT; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	renal cell carcinoma; "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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	Surveillance kidney cancer post partial nephrectomy 4/11/19; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	The patient has a diagnosis of renal cancer. He underwent right nephrectomy on 12/03/19.Scans are being performed for staging and 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ABNORMAL RADIONUCLIDE BONE SCAN/PROSTATE 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 something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA, BENIGN BIOPSY; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Elevated PSA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	EVALUATION FOR PROSTATE CANCER; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	hematuria in urine; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	HISTORY OF PROSTATE CANCER C61, RISING PSA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PROSTATE CANCER, ELEVATED PSA ON ACTIVE SURVEILLANCE; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PROSTATE CANCER;Date of diagnosis: 4/29/20;Initial bx: 4/29/20;Stage: T2b/T3;Gleason Group: 4;Gleason Grade: Gleason 8 (4+4) x1 core, Gleason 7 (3+4) x8 cores, Gleason 6 (3+3) x1 core;Max surface area involvement: 20%;PSA density: (21.75/24.38)= 0.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; It is not known if this is a preoperative study.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	Clinicals attached; 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 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	HERNIA OF THE ABDOMINAL WALL; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	The patient has a diagnosis of renal cancer. He underwent right nephrectomy on 12/03/19.Scans are being performed for staging and 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	7 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01-18-2017; There has been treatment or conservative therapy.; rising tumor marker; radiation injection, IGRT; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	7/2019; There has been treatment or conservative therapy.; back pain. hypogonadism. swats. weight loss. weakness; medication injection; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	GROSS HEMATURIA; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Had a CT stone on 4/17/2020; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	having pelvic pain, mixed incontinence; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	KIDNEY STONE, LEFT FLANK PAIN; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LEFT FLANK PAIN HX OF KIDNEY STONES; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	LLQ Abdominal and Pelvic Pain: Pt reports persistent pain in these regions that radiates up her back. Negative pelvic ultrasound (2/18/20). ;Location: left ;Quality: pressure; pain; continuous ;Severity: moderate ;Duration: present for 2-3 months; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pain in abdomen; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without	possible renal cell carcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PT HAS KIDNEY CANCER AND WILL BE LEAVING SOMETIME IN MAY AND WANTS IT DONE BEFORE SHE LEAVES.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RENAL CELL CARCINOMA; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Renal Cyst; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Surveillance kidney cancer post partial nephrectomy 4/11/19; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	22 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	23 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	10 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	17 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient has confirmed renal cyst.; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	11 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; RENAL MASS; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	12	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	3	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT</p>	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; It is not known if there is a palpable or observed abdominal mass.; Prostate cancer, high risk, staging; Yes this is a request for a Diagnostic CT</p>	1 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; this pt had a nephrectomy approx. 2 yrs ago she had papillary renal cell carcinoma. this is a followup 2 yrs post nephrectomy; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	26 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	9 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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 kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary 7/2019; There has been treatment or conservative therapy.; back pain. hypogonadism. swats. weight loss. weakness; medication injection; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	possible renal cell carcinoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has testicular cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	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	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.; 05/27/2020; There has not been any treatment or conservative therapy.; Thoracic aortic aneurysm without rupture; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	interventional radiology pre procedure eval for suprapubic catheter placement. pt has hx of urethral trauma, acute cystitis w hematuria, acute kidney injury, hx of UTI, and urge incontinence. receiving monthly cath changes already. pre procedure eval.; There is not a known tumor.; 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."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;Elevated psa .; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	URINE RETENTION, ENLARGED PROSTATE.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	follow up renal cyst to determine if any changes; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/27/2020; There has not been any treatment or conservative therapy.; Thoracic aortic aneurysm without rupture; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	EVALUATE KIDNEYS FOR HIS STAGE II KIDNEY DISEASE. IF INTERVENTION IS NEEDED; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	history of blood in the urine and has flank pain.; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	pt has testicular cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	recurrent uti and gross hematuria; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RECURRENT UTI AND HISTORY OF KIDNEY STONE; This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an Abdomen and Pelvis CT.; 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.; 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	UTI, recurrent / complicated;Recurrent UTI; This is a request for an Abdomen and Pelvis CT.; 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 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	2	2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Stenosis of superior vena cava Shortness of breath, facial swelling;;; 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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	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 ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Returned call to Kindra Cole and got her voice message machine. I left her a message again advising that she go to the ER for evaluation. She has a history of thoracic aortic dissection and is s/p TEVAR. CTA C/A/P had been ordered and had appt for these ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2020	Apr-Jun 2020



4/1/2020 - 6/30/2020	4/1/2020	Vascular 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 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 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	73206 Computed tomographic angiography, upper extremity, with contrast	Yes, this is a request for CT Angiography of the upper extremity.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	6 2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Apr-Jun 2020

4/1/2020 - 6/30/2020	4/1/2020	Vascular 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	caller will fax in 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.; n/a; It is not known if there has been any treatment or conservative therapy.; n/a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020
4/1/2020 - 6/30/2020	4/1/2020	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	caller will fax in 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.; n/a; It is not known if there has been any treatment or conservative therapy.; n/a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Apr-Jun 2020