spec name	min_outcome	diag_proc	reason_for_denial indication_offered	auth_count
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; TI study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; TI 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.	ne 1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	Follow UP to previous CT, known subarachnoid hemorrhage; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	Head trauma FALL 07/17/2019. Post traumatic headaches for 67 yr old PT; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) neurologic symptoms.	1 of
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	increased headaches x3-4 days, pt reports left sided headache with pain behind left eye has occurred intermittently and is severe but only last a couple of mintues before resolving spontaneously. Reports he has had some headaches in the past but not as s; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	SYNCOPY, LIGHT HEADEDNESS, NAUSEA; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	had a recent onset (within the last 4 weeks) of neurologic symptoms.	
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	Unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	f 1
Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	suspicion of bone infection, cholesteatoma, or inflammatory disease ostct"	1
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis. This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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
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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT. The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT. The study is being predected for recent traumages of the second control of the production of the second control of the second	1
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient 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
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3

		70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.;	1
dvanced Practice Registered Nurse	Approval	brain stem); without contrast material	Chronic headache, longer than one month describes the headache's character.	•
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The	
		70551 Magnetic resonance (eg, proton) imaging, brain (including	patient had a thunderclap headache or worst headache of the patient's life (within the last 3	3
dvanced Practice Registered Nurse	Approval	brain stem); without contrast material	months).	
			This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including	patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The	-
dvanced Practice Registered Nurse	Approval	brain stem); without contrast material	patient had a recent onset (within the last 3 months) of neurologic symptoms.	
		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	1
dvanced Practice Registered Nurse	Approval	brain stem); without contrast material	study is being ordered for a tumor.	
		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	2
dvanced Practice Registered Nurse	Approval	brain stem); without contrast material	study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	2
Transca Fractice Registered Warse	прриота	Statisticity, Wallout Contract Material	staty is seeing order cores, state cast, there may see it ordering a state of particular to their section.	
			"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not	
		71250 Computed tomography, thorax; without contrast	have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for	1
dvanced Practice Registered Nurse	Approval	material	work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	
			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	1
1		71250 Computed tomography, thorax; without contrast	ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a	
dvanced Practice Registered Nurse	Approval	material	Diagnostic CT	
			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	
		71250 Computed tomography, thorax; without contrast	being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for	1
dvanced Practice Registered Nurse	Approval	material	a Diagnostic CT	
		71250 Computed tomography, thorax; without contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	
dvanced Practice Registered Nurse	Approval	material	Unlisted CT/MRI.	1
		71250 Computed tomography, thorax; without contrast	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a	1
dvanced Practice Registered Nurse	Approval	material	request for a Diagnostic CT	1
			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	1
			unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has	
		71250 Computed tomography, thorax; without contrast	NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a	
dvanced Practice Registered Nurse	Approval	material	request for a Diagnostic CT	
		71250 Computed tomography, thorax; without contrast	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.;	1
dvanced Practice Registered Nurse	Approval	material	Yes this is a request for a Diagnostic CT	1
			f/u right lower lobe atelectasis noted on CT L-spine found on 9/6/19; A Chest/Thorax CT is being	
		71250 Computed tomography, thorax; without contrast	ordered.; The study is being ordered for none of the above.; This study is being ordered for non of	1
dvanced Practice Registered Nurse	Approval	material	the above.; Yes this is a request for a Diagnostic CT	
			none.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They	
		71250 Computed tomography, thorax; without contrast	had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for	1
Ivanced Practice Registered Nurse	Approval	material	work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	
		71250 Computed tomography, thorax; without contrast	none; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This	1
dvanced Practice Registered Nurse	Approval	material	study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	
			There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was	1
I B		71250 Computed tomography, thorax; without contrast	prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected	
dvanced Practice Registered Nurse	Approval	material	inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	
			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	1
		72125 Computed tomography, cervical spine; without contrast	hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is	
dvanced Practice Registered Nurse	Approval	material	experiencing or presenting symptoms of Asymmetric reflexes.	
dvanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
			This is a request for a lumbar spine CT.; The patient does not have a history of severe low back	
		73121 Carray to discovere by horses and the second s	trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is	2
dvanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	
avanceu Practice Registereu Nurse	Approval	matcha	six weeks of fillore., Tes tills is a request for a plagfiostic C1	

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 trauma or injury.; 8/1/2018; There has been treatment or conservative therapy.; MUSCLE WEAKNESSNUMBINESS TO LEGS AND GENITELIASEVERE BACK PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown if No Info Given. This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 8/1/2018; There has been treatment or conservative therapy.; MUSCLE WEAKNESSNUMBNESS TO LEGS AND GENITELIASEVERE BACK PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patients backpain is getting more intense.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She had Laminectomy L3-L5 with nerve decompression from L3-S1 per Dr. Campbell in 2008. She states she is having similar lower back pain and now has some numbness and tingling from right upper leg down to her foot.She is having trouble with her day to day; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg, proton) imaging, pelvis; with	Pelvic and perineal pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ABNORMAL XRAYS OBTAINED BY RECENT ER VISIT.; One of the studies being ordered is a Breast	1
Advanced Practice Registered Nurse	Approval	contrast material(s)	MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

		73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative	1
Advanced Practice Registered Nurse	Approval	followed by contrast material(s) and further sequences	evaluation.	_
		73220 Magnetic resonance (eg, proton) imaging, upper	The account is face a second size of the MADL. This is not a second size of the MADL.	
Advanced Practice Registered Nurse	Approval	extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
navancea i ractice negisterea ivarse	дрргочаг	Tollowed by contrast material(s) and faither sequences	Patient has shoulder pain for 6 months PH for 7 weeks and x ray done in Jan Patient was diagnosed	
		73221 Magnetic resonance (eg, proton) imaging, any joint of	with arthritis; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury,	1
Advanced Practice Registered Nurse	Approval	upper extremity; without contrast material(s)	chronic pain or a mass.; The request is for shoulder pain.	
			The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The	
			study is requested for follow-up.; The study is not requested to detect residual cancer after a course	1
		73221 Magnetic resonance (eg, proton) imaging, any joint of	of treatment has been completed?; The patient is presenting with unresolved or new symptoms;	
Advanced Practice Registered Nurse	Approval	upper extremity; without contrast material(s)	This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	
		73331 Managatia anno 100 anno 1	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder	
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
navancea i ractice negisterea warse	Арргочаг	apper extremity, without contrast material(s)	completed of weeks of physical dietapy.	
			This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four	
			weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury	
			to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the	1
			foot other than arthritis; The patient has not been treated with and failed a course of supervised	1
			physical therapy., The patient has been treated with anti-inflammatory medications in conjunction	
		73700 Computed tomography, lower extremity; without	with this complaint.; The patient does not have a documented limitation of their range of motion.;	
Advanced Practice Registered Nurse	Approval	contrast material	Yes this is a request for a Diagnostic CT	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		2
Advanced Practice Registered Nurse	Approval	followed by contrast material(s) and further sequences		_
			Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or	
			injury.; 07/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given REST AND BOOT FOR COUPLE OF DAYS; One	1
		73720 Magnetic resonance (eg, proton) imaging, lower	symptoms rate e - or ryge minimown in online diver in east invite boot Fox Courte or DATS, one of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
		extremity other than joint; without contrast material(s),	CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
Advanced Practice Registered Nurse	Approval	followed by contrast material(s) and further sequences	Surgical Oncology or Radiation Oncology	
		72720 Magnetic reconance (eg. proton) imaging lower	Pain on L knee worse and the Doppler ultrasound was done to r/o DVT and was negative for DVT.;	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not	1
Advanced Practice Registered Nurse	Approval	followed by contrast material(s) and further sequences	scheduled in the next 4 weeks.	
			Patient presents with a non healing chronic ulcer of the right foot. On physical exam, it does show	
			signs of infection. We are concerned of a possible deep infection judging by recurrence and would like to assess by MRI for osteomyelitis.; This is a request for a foot MRI.; Surgery or other	1
		73720 Magnetic resonance (eg, proton) imaging, lower	intervention is not planned for in the next 4 weeks.; The study is being oordered for infection.; There	
			intervention is not planned for in the next 4 weeks., The study is being obtained for infection, There	
		extremity other than joint; without contrast material(s),	are physical exam findings, laboratory results, other imaging including bone scan or plain film	
Advanced Practice Registered Nurse	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		
Advanced Practice Registered Nurse	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	
		extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; without contrast material(s),	are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. This is a request for a foot MRI.; There has been a recurrence of symptoms following surgery.; The	1
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. This is a request for a foot MRI.; 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.	
Advanced Practice Registered Nurse	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. This is a request for a foot MRI.; 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. This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.;	
		extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. This is a request for a foot MRI.; 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
Advanced Practice Registered Nurse	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. This is a request for a foot MRI.; 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. 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
Advanced Practice Registered Nurse	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. This is a request for a foot MRI.; 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. This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.;	1
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. This is a request for a foot MRI.; 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. 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. 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 This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	1 1 2
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Advanced Practice Registered Nurse Approval Contrast material Unlisted LI/MRI. (This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 bdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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 bdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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 bdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is a been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a bdomen-pelvis CT combination.; This is tudy is 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 an abdomen-pelvis CT combination.; This study is being ordered for chronic pain.; This is not known if the pain is acute or 74176 Computed tomography, abdomen and pelvis; without chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is acute or 1 thronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is acute or 1 thronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is acute or 1 thronic.; This is not the first visit for this complaint.; There has been a phys			74176 Computed tomography, abdomen and pelvis; without	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
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74176 Computed tomography, abdomen and pelvis; without chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is					
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Advanced Practice Registered Nurse Approval contrast material male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT					
	Advanced Practice Registered Nurse	Approval	contrast material	male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	EVALUATE IF THERE ARE INSIDE ISSUES; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	mass; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	nausea, vomiting and soft stool; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pain and tenderness; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PATIENT HAS BEEN EXPERIENCING ABDOMINAL PAIN SINCE APRIL. LESIONS SEEN ON LIVER AT THAT TIME, ANOTHER CT INCULDING CONTRAST NEEDS TO BE DONE; This is a request for an abdomenpelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	present right lower quadrant pain, nausea w/vomiting, fever and stabbing pain and trying to rule out appendicitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt has mesh implant bladder tuck right side; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	r/o post operative abscess; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	swelling of left side, history of diverticulitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; 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
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	2
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination; The reason for the study is infection; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	XRAY IMPRESSION:2 simple benign right renal cysts, each measuring approximately 3 cm in size. ;;Positive for appetite change adtigue.Positive for abdominal distention and abdominal pain.Positive for arthralgias and joint swelling;;Pt c/o diffuse; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	ct abd pel wwo showed lesions on the liver multi lesions; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; 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
Advanced Practice Registered Nurse	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
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	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
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	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1

Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of 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
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		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1
Advanced Practice Registered Nurse	Approval	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 Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (ZD), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1
Advanced Practice Registered Nurse	Approval	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 Pulmonary Hypertension.	3
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		LDCT, CHEST, FOR LUNG CANCER SCREENING; Age qualification for LDCT: Between 55-77 years; Tobacco smoking history of at least 30 pack-years: Y; Actual pack-year history: smokes 2 PPD-since age 10 y/o; Patient has no signs/symptoms of lung cancer: N; Is th; This request is for a Low Dose CT for Lung Cancer Screening; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1
Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2
Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic migraine recurring daily for 4 months; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is in clinic today for follow up headaches and elevated blood pressure. States blood pressure has been doing well since her visit but she has had a headache since Friday. Pain starts in the back of her neck and moves up to her temples. She is havi; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient-complaint of headaches that are different than the ones she used to get. First one happened 3 days ago while she was having sex just before orgasm and went away shortly after, she had the same thing happen yesterday and it still as not gone away.; 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

		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	
Advanced Practice Registered Nurse	Disapproval	material	Radiology Services Denied Not Medically Necessary	I have requested this test.	1
Advanced Practice Registered Nurse	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.; 7/12/2019; There has been treatment or conservative therapy.; shortness of breath, difficulty swallowing, goiter.; 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
Advanced Practice Registered Nurse	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	complaint of headaches that are different than the ones she used to get. First one happened 3 days ago while she was having sex just before orgasm and went away shortly after, she had the same thing happen the day before and it still as not gone away. Pai; 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
Auvanceu Fractice Registereu Nurse	Disapprovai	70551 Magnetic resonance (eg, proton) imaging, brain (including		Enter answer here - or Type In Unknown If No Info Given. >headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or	1
Advanced Practice Registered Nurse	Disapproval	brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	recurring headache.	
Advanced Practice Registered Nurse	Disapproval	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	1
Advanced Practice Registered Nurse	Disapproval	brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient has a chronic or recurring headache.	
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	family history of brain cancer; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Advanced Practice Registered Nurse	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	1
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	? granulomas and widened mediastinum.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chest x-ray done 6/26/2019, 1.1 cm lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Persistent chest pain x3 months with no response to prescriptive NSAIDS and antibiotics; There is no radiologic evidence of asbestosis; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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
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	history of almachity,; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	paresthesia to neck radiates to left arm, burning and sharp sensation, 10/10, failed chiropractor, failed OTC ibuprofen and RTC med, xray done; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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

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 has been seen multiple times for neck pain. She has had C Spine surgery in the past with hardware placed. She complains of neck pain that goes into her shoulder, neck stiffness, and limited ROM due to pain. She had a C Spine xray on 09/05/19 which; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. Patient has been seen numerous times for continued neck pain with radiating symptoms. Patient is unable to complete PT or exercises due to pain in neck, stiffness, and unable to turn her neck. She is having numbness and tingling down into both arms. She h; 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	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient 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.; Tizanadine	
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	radiculopathy bilaterally - phalen and tinel's test positive on exam - EMG WNL - MRI requested for further evaluation; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Tenderness present. Right trapezius spasm, decreased cerical range of motion with rotation to the right and left, spasm right paracervical spinal muscles and right deltoid with tenderness.;Unable to sleep d/t neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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.; Iburpofen 800 mg qd 3 times per week; Tylenol 500 mg 1-2 tabs per week	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		continues to have left thoracic back pain. She states that many years ago in about 2004 several large cans fell from overhead onto her back and she ended up with an injury of the T-spine and was treated by Dr. McLeod. She continues to have pain from thi; 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	1
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval	and contents, thoracic; without contrast material 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	recent evidence of a thoracic spine fracture. xray showed degenerative disc disease and indeterminate interior wedging at t-6-t-8; 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 not seen the doctor more then once for these symptoms.	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has 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; MUSCLE RELAXERS, MOVIC.	1

				Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or	
				symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more	1
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		then once for these symptoms.; The physician has not directed conservative treatment for the past 6	
Advanced Practice Registered Nurse	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	weeks.	
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		ABNORMAL XRAYS OBTAINED BY RECENT ER VISIT.; One of the studies being ordered is a Breast	1
Advanced Practice Registered Nurse	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	-
		72140 NAki		The should assume that it is to see the Color MADL. A south on Changin head, and in The section has been assumed	
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.; The patient does have a new foot drop.	1
Advanced Fractice Registered Nuise	Disappiovai	72148 Magnetic resonance (eg, proton) imaging, spinal canal	Radiology Services Deflied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study	
Advanced Practice Registered Nurse	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	is being requested for None of the above	1
		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	trying to get pain management, requires mri; The study requested is a Lumbar Spine MRI.; Acute or	
				Chronic back pain; It is not known if the patient does have new or changing neurologic signs or	
				symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more	1
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		then once for these symptoms.; The physician has not directed conservative treatment for the past 6	
Advanced Practice Registered Nurse	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	weeks.	
				pain in rectum, penis, scrotumpelvic painnumbness in rectum and penisdone 6wks of PT and no	1
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with		improvement; 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	1
Advanced Practice Registered Nurse	Disapproval	contrast material(s)	Radiology Services Denied Not Medically Necessary	prior to surgery or laparoscopy, Suspicion of joint or bone infect	
ratancea i factice negisterea Nuise	5.3upprovai	contrast material(s)	Transfer Services Defined Not Nicultary Necessary	prior to surgery or reparoscopy, suspicion or joint or both milect	
				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	1
				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.; about	
		73221 Magnetic resonance (eg, proton) imaging, any joint of		three months of home treatment with no improvement; anti-inflammatories; The patient recevied	
Advanced Practice Registered Nurse	Disapproval	upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	medication other than joint injections(s) or oral analgesics.	
				Injury to right shoulder and xray should poss AC Joint injury; 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	
		73221 Magnetic resonance (eg, proton) imaging, any joint of		request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral	1
Advanced Practice Registered Nurse	Disapproval	upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	tear.	
Advanced Fractice Registered Ruise	Бізарріотаі	apper exactinity, without contrast material(s)	nadiology services beined not medically necessary	con.	
				Right shoulder pain goes into neck and collarbone.; The requested study is a Shoulder MRI.; The pain	
		73221 Magnetic resonance (eg, proton) imaging, any joint of		is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is	1
Advanced Practice Registered Nurse	Disapproval	upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	
				Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something	
				other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
				other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2019; There has been treatment or	2
				other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is	2
		73700 Computed tomography, lower extremity: without		other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2019; There has been treatment or conservative therapy; bilateral knee pain; nsaids, melaxicam; 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
Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	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.; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is	2
Advanced Practice Registered Nurse	Disapproval		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; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	2
Advanced Practice Registered Nurse	Disapproval	contrast material	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; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain, nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
	Disapproval Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower	Radiology Services Denied Not Medically Necessary 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.; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain, nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.;	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse		contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type in Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	
		contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2019; There has been treatment or conservative therapy; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or	
		contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given. There has been	
		contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given. There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No	
		contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2019; There has been treatment or conservative therapy; bilateral knee pain; nsaids, melaxican; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is	1
		contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower		other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1
Advanced Practice Registered Nurse	Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	1
Advanced Practice Registered Nurse		contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower		other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1
Advanced Practice Registered Nurse	Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	1
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Advanced Practice Registered Nurse	Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or	1
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Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary 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; 1/2019; There has been treatment or conservative therapy.; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 07/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given REST AND BOOT FOR COUPLE OF DAYS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	2
Advanced Practice Registered Nurse	Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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; 1/2019; There has been treatment or conservative therapy; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 207/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 207/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 207/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 207/27/2019; There has been treatment or conservative t	2
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	Radiology Services Denied Not Medically Necessary 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; 1/2019; There has been treatment or conservative therapy; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP, One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 07/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given REST AND BOOT FOR COUPLE OF DAYS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology o	1 2
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary 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; 1/2019; There has been treatment or conservative therapy; bilateral knee pain; nsaids, melaxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Patient treated at ER before being referred to PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 207/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 207/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 207/27/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury; 207/27/2019; There has been treatment or conservative t	2

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	diffuse abdomen pain for the last few monthsabdomen diction constant discomfortno appetite abdomen x ray, ultrasound of abdomenboth negative; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Discrete hypoechoic focus abutting the liver periphery in the;anterior left lobe. This may represent focal fatty sparing however;contrast enhanced CT is recommended for closer evaluation.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Flank pain, patient renal calculi with blockage and positive CVA tenderness; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has LLQ pain and flank pain and suprapubic tenderness and L flank tenderness. And pain has gotten worst today.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	BP UNCONTROLLED SOB EVEN TO TIE SHOES CHOLESTROL UNCONTROLLED.; 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
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	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 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
		93307 Echocardiography, 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/12/2019; There has been treatment or conservative therapy.; shortness of breath, difficulty swallowing, goiter.; 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,	1
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval Disapproval	echocardiography 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 Radiology Services Denied Not Medically Necessary	Surgical Oncology or Radiation Oncology This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1

Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.	1
Allergy & Immunology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	radiology services bethed Not Medically Necessary	years or age up not meet the threat of lung cancer screening. 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
Anesthesiology	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; chronic LBP since 1999 and chronic neck to mid back pain since 3 yrs; There has been treatment or conservative therapy.; H/o chronic LBP since 1999 and chronic neck to mid back pain since 3 yrs gradually progressive and worsening, radiating to the RUE with intermittent tingling / numbness / LE - uptill the knees. Pain results in difficulty in ADLs, prolonged sitting, stan; S/p SCS - Explant in 2004 as the leads movedCurrently on Norco 5/325 - 2 tabs once daily prn and it helps as of 4/11/2019S/p Right LMBB #1 - did not help./ Relates 30% pain relief for just one day. As of 6/10/19: Norco 10 mg-325 mg tablet 1 Tablet E; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks; There is a reason why the patient cannot have a Cervical Spine MRI.	2
Anesthesiology	Approval	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	2
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; chronic LBP since 1999 and chronic neck to mid back pain since 3 yrs; There has been treatment or conservative therapy.; H/o chronic LBP since 1999 and chronic neck to mid back pain since 3 yrs gradually progressive and worsening, radiating to the RUE with intermittent tingling / numbness / LE - uptill the knees. Pain results in difficulty in ADLs, prolonged sitting, stan; S/p SCS - Explant in 2004 as the leads moved Currently on Norco 5/325 - 2 tabs once daily prn and it helps as of 4/11/2019S/p Right LMBB #1 - did not help./ Relates 30% pain relief for just one day. As of 6/10/19: Norco 10 mg-325 mg tablet 1 Tablet E; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	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
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Anestriesiology	Approvai	and contents, cervical, without contrast material		recent cervical spine matture.	

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; CHRONIC PAINThe pain radiates to the left sided hip. Left lower abdomen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	NEED UPDATED WORKUP ON NECK INCLUDING MRI AND XRAYS FOR EVALUATION. LAST MRI WAS IN 2013.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; STRENGTH IS 4/5 ON THE LEFT UPPER EXTREMITY AND LOWRE EXTREMITY DIFFUSELY. REFLEXES SLIGHTLY DININISHED ON 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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Numbness.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Other cervical disc degeneration, unspecified cervical region; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/19; There has been treatment or conservative therapy.; Other cervical disc degeneration, unspecified cervical region; Medications, heat and ice, 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
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 an Epidural.	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Anesthesiology	Approval	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?	11
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Anesthesiology	Approval	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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1

Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is 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.; CHRONIC PAINThe pain radiates to the left sided hip. Left lower abdomen; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Ct Abd with contrast - relates it was unremarkable / but showed mild Compression fracture of; superior endplate pf T12. ;;;;Vill order MRI-T and L-spine - to r/o disc bulges / herniation / Fracture besides T12 / NF; and spinal order MRI-T and L-spine - to r/o disc bulges / herniation / Fracture besides T12 / NF; and spinal order with sie being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, 01/01/1999; There has been treatment or conservative therapy.; The patient complains of ache/pain in T-spine. She reports onset of pain gradually over time ; The patient describes her pain as constant. The pain is sharp, shooting and throbbing ;;F/u on chronic pain. Complains of pain b/l shoulders, b/l knee and ; Oxycodone-Acetaminophen 5/-325 mg BID PRN#60 22/66/2019 to present;;Hydrocodone, Tramadol, Meloxicam and Tizandine in the past no relief. ;If seen another pain specialist for 7 years prior to Arkansas Spine and Pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
, and the second		72146 Magnetic resonance (eg, proton) imaging, spinal canal	SHARP - STABBING - RADIATING PAIN TO BOTH LEGS AND ANKLES. INCREASED BY STANDING, WALKING, SITTING, ROTATING. MODERATE MIDLINE TENDERNESS.****N/A; This study is being ordered for trauma or injury.; JULY 2003; It is not known if there has been any treatment or conservative therapy.; LOW BACK PAINMIDDLE 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	1
Anesthesiology	Approval Approval	and contents, thoracic; without contrast material 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiation Oncology This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks; No, the last Thoracic Spine MRI was not performed within the past two weeks.	2
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material 72146 Magnetic resonance (eg, proton) imaging, spinal canal	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.; 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. unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan,	1
Anesthesiology	Approval Approval	and contents, thoracic; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	or Unlisted CT/MRI. ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; TRAMADO, TYLENOL, ACETAMINOPHEN, HYDROCODONE AND MORPHINE	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Applying heat, massage, exercise	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Ct Abd with contrast - relates it was unremarkable / but showed mild Compression fracture of; superior endplate pf T12. ;;; Will order MRI- T and L- spine - to r/o disc bulges / herniation / Fracture besides T12 / NF; and 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.; 01/01/1999; There has been treatment or conservative therapy.; The patient complains of ache/pain in T- spine. She reports onset of pain gradually over time.; The patient describes her pain as constant. The pain is sharp, shooting and throbbing.; JFu on chronic pain. Complains of pain bj I shoulders, bj Khee and; Cxycodone-Acetaminophen 5/-325 mg BID PRN#60 22/26/2019 to present; Hydrocodone, Tramadol, Meloxicam and Tizandine in the past no rellef.; JPt seen another pain specialist for 7 years prior to Arkansas Spine and Pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material	Faber/Patrick's positiveright; PSIS tenderness positiveright; Pt with numbness, tingling, and weakness in legs. Ms. Sullivan is a 43 y.o. female who presents to the pain clinic with lumbar pain which has been gradually worsening over one year. Pt h; The study requested is a Lumbar Spine MRL; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; Weakness in bilateral legs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Left LE strength - Flexors: 4/5.;Palpation of the lumbar facet reveals pain on both the sides at L3-51 region, tenderness thorughout the lumbar spine and Facet Loading Test positive. Palpation of the greater trochanteric bursa reveals;tenderness on the; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; Left LE strength - Flexors: 4/5.;Palpation of the lumbar facet reveals pain on both the sides at L3-51 region, tenderness thorughout the lumbar spine and Facet Loading Test positive. Palpation of the greater trochanteric bursa reveals;tenderness on the; The patient does not have new signs or symptoms of bladder or bowl dysfunction; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MRI lumbar spine to evaluate her discs and nerve structures. With the weakness and numbness to the leg, I feel that nerve root compression must be evaluated; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Long standing weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Other cervical disc degeneration, unspecified cervical region; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/19; There has been treatment or conservative therapy.; Other cervical disc degeneration, unspecified cervical region; Medications, heat and ice, 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

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pain is in the low back with radiation into LLE Sometime into knee and sometime ankle and calf hurting. Pain is dull/aching, hot/burning, sharp/stabbing pain. Numbness/tingling in the LLE and sometime his back. Pain is constant nrated 7/10 goes u; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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 patient has directed a home exercise program for at least 6 weeks.	1
- 0,				
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient has had lumbar surgery in 2012. Patient was given order for a lumbar-sacral orthoses and patient is expected to wear the back brace for 3 weeks. a lumbar epdidural steroid injection was given on 8/14/19. She was also prescribed meds for the 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; palpation of the lumbar facet reveals pain on both the sides at L3-S1 region and facet loading positive. ROM of I spine is noted to be limited and painful(including extension and lateral flexion). Pain is noted with the lumbar extension. left lateral fle	1
rinestriesiology	7,6610101	and contents, famour, without contrast material	SHARP - STABBING - RADIATING PAIN TO BOTH LEGS AND ANKLES. INCREASED BY STANDING,	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	WALKING, SITTING, ROTATING. MODERATE MIDLINE TENDERNESS.***N/A; This study is being ordered for trauma or injury.; JULY 2003; It is not known if there has been any treatment or conservative therapy.; LOW BACK PAIN/IDDLE 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
			The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; List meds here	1
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	3
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	3
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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
		72148 Magnetic resonance (eg, proton) imaging, spinal canal	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	34
Anesthesiology	Approval	and contents, lumbar; without contrast material	therapy?	

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	3
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Anesthesiology	Approval	72148 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 analysis:s.: The patient has completed 6 weeks or more of Chirooractic care.	1
, mesuiesiology	прриота	72148 Magnetic resonance (eg, proton) imaging, spinal canal		unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan,	1
Anesthesiology	Approval	and contents, lumbar; without contrast material 73720 Magnetic resonance (eg, proton) imaging, lower		or Unlisted CT/MRI. This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	1
Aposthociology	Approval	extremity other than joint; without contrast material(s),		ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving	1
Anesthesiology	Approval	followed by contrast material(s) and further sequences 73721 Magnetic resonance (eg, proton) imaging, any joint of		the knee.; Instability	
Anesthesiology	Approval	lower extremity; without contrast material			1
Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Anesthesiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; About two weeks ago 07/16/2019.; There has been treatment or conservative therapy.; Spinal tenderness, severe headaches, and limited range of motion.; Patient has received injections and had x-rays done.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; About two weeks ago 07/16/2019.; There has been treatment or conservative therapy.; Spinal tenderness, severe headaches, and limited range of motion.; Patient has received injections and had x-rays done; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Anesthesiology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 03/05/2019; There has been treatment or conservative therapy.; Increased shoulder pain, limited range of motion, back pain, numbness, and tingling.; Medication and PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 03/05/2019; There has been treatment or conservative therapy.; increased shoulder pain, limited range of motion, back pain, numbness, and tingling.; Medication and PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Anesthesiology	Disapproval Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is 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; ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Anesthesiology Anesthesiology	Disapproval Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	C/o chronic bilateral knee pain since 2012, gradually progressive and worsening. S/p Right knee injection by Dr Blankenship - Ortho AR - has been helping with partial relief of pain. Referred to Dr Nix- Ortho AR - recommended Bilateral TKR instead of art; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approx. 4 years ago; There has been treatment or conservative therapy; The pain is aching, sharp and throbbing; Patient has had Physical therapy prior to becoming a patient of Arkansas Spine and Pain. Pt has had injections and tried pain medications as well. Percocet 10/325, Hydrocodone 5/325 and 10/325, Meloxicam and Tramadol none have helped with pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical and Lumbar MRI without Contrast to rule out Herniated nucleus pulposis, Spinal Stenosis; and Spondylosis for radiculopathy and neck pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-28-2016 to present; There has been treatment or conservative therapy; The pain radiates to the bilateral upper extremity and bilateral lower extremity,; prination difficulty; muscle weakness; medication; tramadol 50 mg tablet 1 Tablet Every 12 hours PRN for 30 Days, Prescribe 60 Tablet, Refills 1;gabapentin; levothyroxine; carvedilol; atorvastatin; duloxetine; trazodone; Gabapentin 800 mg tid / Trazodone / Cymbalta from pcp. Not on opioid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Describes pain as burning, aching, numbing and tingling sensation that increases with physical activity; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 05/16/2019; There has been treatment or conservative therapy; Neck pain and lower back pain; PT, injections, nerve 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
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-6 years ago; There has been treatment or conservative therapy.; constant pain; currently sees pain management opioid treatment, also steroid joint injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has failed conservative treatment. Needing MRI to eval and formulate treatment plan as well as to rule out disc herniation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She has been taking gabapentin. Insurance would not pay for the lyrica. ;;She is still following up for the pancreatic mass. She has had more pain in this area. We discussed that she needs to talk with her doctors who are monitoring this, might need a n; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; She has been taking gabapentin. Insurance would not pay for the lyrica. ;;She is still following up for the pancreatic mass. She has had more pain in this area. We discussed that she needs to talk with her doctors who are monitoring this, might need a n; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There is decreased sensation; noted in the left arm. Left wrist has decreased sensation.; Right LE strength - Flexors: 4/5; Left UE strength - Extensors: 4/5. ;The patients gait appears to be asymmetric and abnormal. The patient was unable to do toe wal; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, 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
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had previous xray showing DDD. She has failed conservative treatment and may benefit from epidural injections. Need MRI to assist with evaluation and treatment for patient.; 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.; Reports muscle pain, muscle weakness, neck pain, shoulder pain, back pain and joint;pain.; Reports history of fractures in the past.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has failed conservative treatment. Needing MRI to eval and formulate treatment plan as well as to rule out disc herniation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	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
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; 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown if No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; arms and legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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

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 weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 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.; Palpation of the lumbar facet reveals;pain on both the sides at L3-S1 region. Positive facet loading. ;Yeoman's Test: Positive right, positive left. Patrick's Test: Positive right, positive;left. Comments: bilateral S1 jpoint pain.;Neurology-Straigh; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentatPhysical therapy for core and lumbar stabilization exercise program as tolerated. Focus on Low impact; exercise program, encouraged weight loss, quit smoking and healthy lifestyle.ion-	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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.; The patient has been participating in home health physical therapy two times a week.; The patient has not had any improvement in her condition with in home PT.; The patient has had several procedures and injections without improvement of the pain of the I	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/27/19; There has been treatment or conservative therapy; severe radiating pain. Made worse with sitting, standing, lifting, bending and twisting; physical therapy and spinal injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopt, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	2 epideral shots done physical therepy that did not help; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical and Lumbar MRI without Contrast to rule out Herniated nucleus pulposis, Spinal Stenosis;and Spondylosis for radiculopathy and neck pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-28-2016 to present; There has been treatment or conservative therapy; The pain radiates to the bilateral upper extremity and bilateral lower extremity.;;urination difficulty.;;muscle weakness; medication;tramadol 50 mg tablet 1 Tablet Every 12 hours PRN for 30 Days , Prescribe 60 Tablet, Refills 1;gabapentin;levothyroxine;carvedilol;atorvastatin;duloxetine;trazodone;;Gabapentin 800 mg tid / Trazodone / Cymbalta from pcp . Not on opioid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Describes pain as burning, aching, numbing and tingling sensation that increases with physical activity; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, :05/16/2019; There has been treatment or conservative therapy; Neck pain and lower back pain; PT, injections, nerve 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
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	H/o chronic LBP since her MVA in 1999, gradually progressive and worsening, radiating to the;RLE with intermittent tingling, numbness / weakness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	McKinley Clark is a 61 year old male who complains primarily of low back and leg pain. In addition, he also complains of hip pain and knee pain. The patient states that the onset of pain was gradual with no known reason. The pain is not the result of any; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; Tylenol, acetaminophen, hydrocodone	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the lumbar spine to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, intothe decision process in formulating a treatm; The study requested 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 reports weakness and gait disturbance. Patient has done exercise therapy and NSAIDS for more than six weeks without significant benefit.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-6 years ago; There has been treatment or conservative therapy.; constant pain; currently sees pain management opioid treatment, also steroid joint injections; One of the studies being ordered is NOTa Breast MRI, CT Colonoscopt, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complains of muscle weakness, loss of muscle bulk, loss of strength, poor coordination, numbness, spasticity, and limitation of movement. Reports history of fractures in the past.;;On examination ROM is noted to be limited and painful including; The study requested 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 complains of muscle weakness, loss of muscle bulk, loss of strength, poor coordination, numbness, spasticity, and limitation of movement. Reports history of fractures in the past.;;On examination ROM is noted to be limited and painful including; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has long lasting pain and has failed conservative treatment.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neurology - Motor Strength: Right LE strength - Extensors: 4/S. Palpation of the bilateral sacroiliac joint area reveals right sided pain and no left sided pain. Palpation of the greater trochanteric bursa reveals; tenderness on the right side. ROM of I; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 therapp?	3
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 6 weeks of completed conservative care in the past 6 months or had a spine injection	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There is decreased sensation; noted in the left arm. Left wrist has decreased sensation.; Right LE strength - Flexors: 4/5;Left UE strength - Extensors: 4/5. ;The patients gait appears to be asymmetric and abnormal. The patient was unable to do toe wal; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This is a chronic problem. Episode onset: 2012/2013. The problem occurs constantly. The problem has been gradually worsening since onset. The pain is present in the lumbar spine and gluteal. The quality of the pain is described as burning, cramping and st; The study requested 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 headaches, numbness, 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
Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/27/19; There has been treatment or conservative therapy.; severe radiating pain. Made worse with sitting, standing, lifting, bending and twisting; physical therapy and spinal 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
		73200 Computed tomography, upper extremity; without		Unknown; This study is being ordered for trauma or injury; 03/05/2019; There has been treatment or conservative therapy.; Increased shoulder pain, limited range of motion, back pain, numbness, and tingling.; Medication and PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	1
Anesthesiology Anesthesiology	Disapproval Disapproval	contrast material 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 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 arthrscopy is not scheduled in the next 4 weeks.	1
Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73721 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	C/o chronic bilateral knee pain since 2012, gradually progressive and worsening. S/p Right knee injection by Dr Blankenship - Ortho AR - has been helping with partial relief of pain. Referred to Dr Nix- Ortho AR - recommended Bilateral TKR instead of art; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Approx. 4 years ago; There has been treatment or conservative therapy; The pain is aching, sharp and throbbing; Patient has had Physical therapy prior to becoming a patient of Arkansas Spine and Pain. Pt has had injections and tried pain medications as well. Percocet 10/325, Hydrocodone 5/325 and 10/325, Meloxicam and Tramadol none have helped with pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member	
Anesthesiology	Disapproval	lower extremity; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal	Radiology Services Denied Not Medically Necessary	has failed a 4 week course of conservative management in the past 3 months. 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	1
Audiology	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	

Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mild bilateral bronchiectasis. There is mild bronchial wall; thickening and scattered mucus plugging compatible with bronchitis.; This study is being ordered for Vascular Disease.; 02/07/12; There has not been any treatment or conservative therapy.; carotid stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient had a stroke in May referable to his left carotid. His main symptoms were numbness and coordination issues in his right arm. A lot of this still persists. We will need to get a CT angiogram for evaluation and should his left carotid be 70% is s; This study is being ordered for Vascular Disease.; 5/15/19; There has been treatment or conservative therapy; Patient had a stroke in May referable to his left carotid. His main symptoms were numbness and coordination issues in his right arm. A lot of this still persists. We will need to get a CT angiogram for evaluation and should his left carotid be 70% is s; antiplatelet drugs, ER VISIT, coronary bypass performed in 2016; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mild bilateral bronchiectasis. There is mild bronchial wall; thickening and scattered mucus plugging compatible with bronchitis.; This study is being ordered for Vascular Disease.; 02/07/12; There has not been any treatment or conservative therapy.; carotid stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient had a stroke in May referable to his left carotid. His main symptoms were numbness and coordination issues in his right arm. A lot of this still persists. We will need to get a CT angiogram for evaluation and should his left carotid be 70% is s; This study is being ordered for Vascular Disease.; 5/15/19; There has been treatment or conservative therapy; Patient had a stroke in May referable to his left carotid. His main symptoms were numbness and coordination issues in his right arm. A lot of this still persists. We will need to get a CT angiogram for evaluation and should his left carotid be 70% is s; antiplatelet drugs, ER VISIT, coronary bypass performed in 2016; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
,		70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and		2
Cardiac Surgery	Approval	image postprocessing	Yes, this is a request for CT Angiography of the Neck.	2
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
	Approval	71250 Computed tomography, thorax; without contrast	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a	1
Cardiac Surgery	Арргочаг	material 71250 Computed tomography, thorax; without contrast	request for a Diagnostic CT follow ascending aortic aneurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a	1
Cardiac Surgery Cardiac Surgery	Approval Approval	material 71250 Computed tomography, thorax; without contrast material	Diagnostic CT Patient had a aortic aneurysm repair on 6/1/2018. Patient has a small abdominal aortic aneurysm that needs follow up with a ct and an echo.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Patient is a 71-year-old gentleman with a 47 mm descending thoracic aorta seen by CT scan of the chest. I would like him to get a repeat CT of the chest noncontrast and gated in 1 year. I would also like him to undergo a cardiac echo. I look forward to hi; There is no radiologic evidence of mediastinal widening; A Chest/Thorax CT is being ordered; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1

Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Patient with 40 mm ascending thoracic aortic aneurysm. During pre-op testing PET scan showed right upper lobe pulmonary nodule that is worrisome for malignancy. Patient underwent CT guided needle biopsy of right upper lobe. Patient developed pneumothorax; 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 has igns or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	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	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly or vascular disease; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA Chest Abdomen Pelvis (TAVR); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	will fax; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA Chest Abdomen Pelvis (TAVR); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

		74176 Computed tomography, abdomen and pelvis; without		none; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It	1
Cardiac Surgery	Approval	contrast material 75635 Computed tomographic angiography, abdominal aorta		is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	
Cardiac Surgery	Approval	and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and		Yes, this is a request for CT Angiography of the abdominal arteries.	3
Conding Commen	Account	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	1
Cardiac Surgery	Approval	or stress (exercise or pharmacologic) 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		member has known or suspected coronary artery disease; The BMI is 40 or greater surgical clearance; 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	1
Cardiac Surgery	Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image		is unknown.	
Cardiac Surgery	Approval	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 another reason; The reason for ordering this study is unknown.	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	1
		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 Valves.; This is an annual re-evaluation of artificial	1
Cardiac Surgery Cardiac Surgery	Approval Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		heart valves.; It has been at least 12 months since the last echocardiogram was performed. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		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
Cardiac Surgery	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 Valves.; This is an initial evaluation of suspected valve disease.	1
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
		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 Left Ventricular Function.; The patient has a history of	1
Cardiac Surgery	Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		hypertensive heart disease.; There is a change in the patient's cardiac symptoms. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	3
Cardiac Surgery Cardiac Surgery	Approval Approval	performed, complete, without spectral or color Doppler 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;		study is being ordered for Evaluation of Pulmonary Hypertension. 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
Cardiac Surgery	Approval	30350 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		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
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	60-year-old female left common femoral endarterectomy in April with market improvement in her left lower extremity symptoms she continues to have right lower extremity claudication she still needs a right common femoral endarterectomy and likely an iliac; This study is being ordered for Vascular Disease.; 06/20/17; There has not been any treatment or conservative therapy.; lower extremity 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
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Cardiac Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	60-year-old female left common femoral endarterectomy in April with market improvement in her left lower extremity symptoms she continues to have right lower extremity claudication she still needs a right common femoral endarterectomy and likely an iliac; This study is being ordered for Vascular Disease; 06/20/17; There has not been any treatment or conservative therapy; lower extremity pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiac Surgery	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.; 02/08/2016; There has been treatment or conservative therapy.; aortic anuresym followup exam; 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
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; sob;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
Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Anglography.	1
Cardiac Surgery	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1
Cardiac Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/08/2016; There has been treatment or conservative therapy.; aortic anuresym followup exam; 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
Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; sob;CAD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		no prev. cad. weakness, htn, sinus bradycardia, pvd, nicotine dependence; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Chest pain, shortness of breath, dizziness AND PALPITATIONS. has been complaining of episodes of palpitations which he describes as skipped beats and racing of his heart lasting for 10-15 minutes. He first started having the symptoms last year for couple; It is not known if there has been any treatment or conservative therapy; Chest pain, shortness of breath, dizziness AND PALPITATIONS. has been complaining of episodes of palpitations which he describes as skipped beats and racing of his heart lasting for 10-15 minutes. He first started having the symptoms last year for couple; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		Pt had pat out and had dizziness and fell; 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

Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material	Reports episodes of syncope dating back to time after her heart surgery. She typically feels sob, lightheaded, nauseated, with her legs feeling "like jelly" before losing consciousness. One episode resulted in sternal disunion requiring extensive surgery; 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
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material	Review of Systems ; General/Constitutional: ; Poor appetite no. Weight gain no. Weight loss without dieting no. Fatigue yes . Fever no. ; HEENT: ; Eyes: Visual Disturbances no. Ears: Hearing loss or recent changes yes. Nosebleeds; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache; This study is being ordered for stroke or aneurysm; This study is being ordered for screening for aneurysm or AVM.	1
Cardiology	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
Cardiology	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
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	preop for surgery 9-27-19; atherosclerosis of coronary artery, angina presence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; known carotid artery disease;slurred speech; There has been treatment or conservative therapy.; pt on Plavix and aspirin; Pt using Plavix and aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	preop for surgery 9-27-19; atherosclerosis of coronary artery, angina presence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Subjective;; Chief Complaints:; 1. TAVR Consult.;; ROS:; General/Constitutional:; Poor appetite no. Weight gain no. Weight loss without dieting no. Fever no. Excessive Sweating no. Chronic Sense of Fatigue no.; Fatigue no.; This study is being ordered for Vascular Disease.;; There has been treatment or conservative therapy.; Subjective;; Chief Complaints:; 1. TAVR Consult.;; ROS:; General/Constitutional:; Poor appetite no. Weight gain no. Weight loss without dieting no. Fever no. Excessive Sweating no. Chronic Sense of Fatigue no.; Jone of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	6
Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Reason for Appointment ;1. TIA;; ;History of Present Illness;HPI:; recent transiet right facial droop. mild expressive aphasia, sometimes says the wrong words, TIA happened July 7. evaluated at SVI, carotid US showed? left carotid stenos; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moyamoya disease; it is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries; The patient does not have carotid (neck) artery surgery.	1
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; known carotid artery disease;slurred speech; There has been treatment or conservative therapy.; pt on Plavix and aspirin; Pt using Plavix and aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist, Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 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
o,		71250 Computed tomography, thorax; without contrast	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	1
Cardiology	Approval	material	a Diagnostic CT	

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	1
u,		71250 Computed tomography, thorax; without contrast	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.;	4
Cardiology	Approval	material	Yes this is a request for a Diagnostic CT	
		71250 Computed tomography, thorax; without contrast	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this	1
Cardiology	Approval	material	request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	
		71250 Computed tomography, thorax; without contrast	CT is to evaluate pt for a potential Watchman procedure.; It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered	1
Cardiology	Approval	material	for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 12/2018; There has not been any treatment or conservative therapy.; Palpations, migraines, chest discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		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 be	3
Cardiology	Approval	images, if performed, and image postprocessing	performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography. ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be	
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	2
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Chest pain, atypical, questionable cardiac etiology versus noncardiac causes.;2 Dilated ascending aorta and sinuses measuring 4.3 cm.;3.Chronic tobacco use.; ;PLAN: The patient was advised smoking cessation. The patient can be evaluated with a trea; This study is not requested to evaluate suspected pulmonary embolus; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgey is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	He returns today still walking 5 miles a day. ECG today shows AFIB with ventricular response of 37 bpm. He has no dizziness or syncope or near syncope. We have discussed Holter monitoring to guide further mgt. ROS is ow negative; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	known thoracic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Subjective;;; Chief Complaints:; 1. TAVR Consult.;; ROS:; General/Constitutional:; Poor appetite no. Weight gain no. Weight loss without dieting no. Fever no. Excessive Sweating no. Chronic Sense of Fatigue no.; Talis study is being ordered for Vascular Disease;; There has been treatment or conservative therapy; Subjective;; Chief Complaints:; 1. TAVR Consult.;; ROS:; General/Constitutional:; Poor appetite no. Weight gain no. Weight loss without dieting no. Fever no. Excessive Sweating no. Chronic Sense of Fatigue no.; Jone of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	11
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	asses rv volumes; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; HYPERTENSION RBBB and valve issues; surgeries; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	survaliance of congenital heart defect; This study is being ordered for Congenital Anomaly.; since birth.; 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
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Unknown; Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; This study is being ordered for Congenital Anomaly.; 07/11/1995; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Headaches.; Artery repair surgery, aorta repair.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Mr. Shaddock is here after NST for Surgical clearance for hydrocele. Abnormal NST suggests inferior wall abnormality. Pt c/o SOB and chest pains when out in yard picking up sticks. Reports SOB and level of fatigue have been worsening over the past couple; 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
Cardiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	2
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2018; There has not been any treatment or conservative therapy.; Palpations, migraines, chest discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Subjective;; ; Chief Complaints; 1. TAVR Consult. ;; ROS: ; General/Constitutional: ; Poor appetite no. Weight gain no. Weight loss without dieting no. Fever no. Excessive Sweating no. Chronic Sense of Fatigue no.; This study is being ordered for Vascular Disease.;; There has been treatment or conservative therapy.; Subjective;; Chief Complaints; 1. TAVR Consult. ;; ROS: ; General/Constitutional: ; Poor appetite no. Weight gain no. Weight loss without dieting no. Fever no. Excessive Sweating no. Chronic Sense of Fatigue no. ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	2
Caralology	Арріочаі	74176 Computed tomography, abdomen and pelvis; without	; This is a request for Cr Anglography of the abdoment. ; This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a	1
Cardiology	Approval	contrast material	request for a Diagnostic CT	

Last visit 2015. Pt has been referred back for review of AAA and elevated 8P. He states BP has been elevated X 2-3 years. C/o over the last year occ left chest pain sharp, lasting 1-2 sec, this does happen at rest, he thinks related to heart burn. History; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 09/18/2019; 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 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; Cardiology Approval 4 Approval 5 Approval 5 Approval 5 Approval 5 Approval 6 Approval 7 Approval	1
other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 09/18/2019; 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 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material; Cardiology Approval function without contrast material; asses rv volumes; This study is being ordered for Congenital Anomaly.; birth; There has been	1
treatment or conservative therapy.; HYPERTENSION RBBB and valve issues; surgeries; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 75557 Cardiac magnetic resonance imaging for morphology and CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology Approval function without contrast material; Surgical Oncology Radiation Oncology	1
survaliance of congenital heart defect; This study is being ordered for Congenital Anomaly; since birth.; 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 75557 Cardiac magnetic resonance imaging for morphology and Cardiology Approval function without contrast material; Oncology Survaliance of congenital heart defect; This study is being ordered for Congenital Anomaly; since burth. It is not known if there has been any treatment or conservative therapy.; Described burth. Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
75557 Cardiac magnetic resonance imaging for morphology and	4
Cardiology Approval function without contrast material; This is a request for a heart or cardiac MRI	4
Unknown; Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; This study is being ordered for Congenital Anomaly.; 07/11/1995; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; 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 Headaches, Artery repair surgery, aortar repair.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist. Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology or Radiation Oncology or Radiation Oncology	1
75571 Computed tomography, heart, without contrast material, Cardiology Approval with quantitative evaluation of coronary calcium evaluation of coronary calcium evaluation.	1
75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and Cardiology Approval evaluation of venous structures, if performed) This is a request for a Heart CT.	4
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 gradiac structure and morphology, assessment of gradiac function, and evaluation of venous structures, if Unlisted CT/MRI.	1
75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient material, including 3D image postprocessing (including and including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if pain (angina) and/or shorters. The study is requested for suspected coronary artery disease. Cardiology Approval performed) ; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shorters of breath.; The study is requested for suspected coronary artery disease.	1
a lot of baseline artifact. Nonspecific ST-T changes during stress testing. Some PVCs in the recovery 75574 Computed tomographic angiography, heart, coronary phase. ended the test due to dyspnea and fatigue; This is a request for CTA Coronary Arteries.; The arteries and bypass grafts (when present), with contrast patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized material, including 3D image postprocessing (including Tomography) or Thallium Scan.; The study is requested for congestive heart failure; There are new	1
evaluation of cardiac structure and morphology, assessment of or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; cardiac function, and evaluation of venous structures, if There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, Cardiology Approval performed) coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	

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)	Chest discomfort: She lost both her parents this year. One of them was a patient of mine, who died with coronary artery disease. She certainly has a family history and her stress exam conducted by Dr. Thomas is reportedly nondiagnostic for various reas; 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 valved disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	I think it is important since he has a 50% ejection fraction and a dilated ascending aorta, to be certain whether or not he has a bicuspid aortic valve and so we can do a CT coronary angiogram to prove that, or a transesophageal echocardiogram to prove th; This is a request for CTA Coronary Arteries; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure; The study is requested for congestive heart failure; The study is disease. The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient was complaining of chest pain. Exercise stress test was done which was positive for ischemia. Duke treadmill score was +11. Mixed hyperlipidemia.; no prev. hx of cad; 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.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1
Cardialani		75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast		1
Cardiology	Approval	material(s), including noncontrast images, if performed, and 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast		26
Cardiology	Approval	material(s), including noncontrast images, if performed, and 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Yes, this is a request for CT Angiography of the abdominal arteries.	2
Cardiology	Approval	additional quantification, when performed); single study, at rest		
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. The patient is 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	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. The patient is not diabetic.; 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	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2009; There has not been any treatment or conservative therapy; Chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy; chest pain; sob; hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; bor ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, left arm pain radiating to the jaw , fatigue, feet swelling,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
	, ipp. 0.10.		0/7	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Stu che or str	The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology udy).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including uest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" substernal chest pain that is worse or comes on as a result of physical exertion or emotional ress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; there is no physical restriction to the member's ability to exercise	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Stu che anį	The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology udy).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including nest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical ngina" or substernal chest pain that is worse or comes on as a result of physical exertion or motional stress; There is no physical restriction to the member's ability to exercise.	1
v.		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	; T Stu che or: stn	The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology udy).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including lest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" substernal chest pain that is worse or comes on as a result of physical exertion or emotional ress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or troplycerin	2
Cardiology	Approval Approval	or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; T Stut che or : str	trogycern The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology udy).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including nest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" substernal chest pain that is worse or comes on as a result of physical exertion or emotional ress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or troglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Stu che or: str	The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology udy).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including lest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" substernal chest pain that is worse or comes on as a result of physical exertion or emotional ress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; tere is no physical restriction to the member's ability to exercise	6
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Stu che anı	The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology udy).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including best pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical Ingina" or substernal chest pain that is worse or comes on as a result of physical exertion or motional stress; There is no physical restriction to the member's ability to exercise	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	bet nev cor (an	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test esides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate ew or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for ngestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain ngina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; in member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	ber nev op car rec	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test esides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate ew or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre o evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing ridiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is quested for suspected coronary artery disease.; The member has known or suspected coronary tery disease.	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	ber new sep che her	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test esides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate we or changing symptoms.; The study is not requested for pre-op evaluation, cardiac mass, CHF, eptal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical test pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of eart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known suspected coronary artery disease.	2
		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	; T mo det	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or ore cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal efects, or valve disorders.; The study is requested for suspected coronary artery disease.; The	
Cardiology	Approval	or stress (exercise or pharmacologic)	me	ember has known or suspected coronary artery disease.; The BMI is 20 to 29	

		78451 Myocardial perfusion imaging, tomographic (SPECT)		
Cardiology	Approval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	; 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	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Anna Morris is here at the request of Dr. Adkins for consultation and diagnostic testing, as needed, due to shortness of breath with exertion. Patient is a 79 year old female with hypertension, hyperlipidemia, type 2 diabetes, coronary artery disease, st; There has not been any treatment or conservative therapy.; Shortness of breath with exertion. ;Coronary artery disease without angina. ;Peripheral vascular disease with mild claudication. ;Hypertension. ;Hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FEB. 2018; There has not been any treatment or conservative therapy; Atypical chest pain; Paroxysmal atrial fibrillation, currently maintaining sinus rhythm.; Longterm anticoagulation on Eliquis.; Hypertension.; Type 2 diabetes.; Dyslipidemia.; Reflux; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; He has hypertension, hyperlipidemia, and coronary artery disease status post bypass surgery in 1999. He has not had a cardiology followup since his surgery.; There has not been any treatment or conservative therapy.; Fatigue.;Coronary artery disease without significant angina.;Preoperative workup.;Heart murmur.;Hypertension.;Hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JUNE 2019; It is not known if there has been any treatment or conservative therapy.; Preop clearance.; Chest pain.; Heart murmur.; Hypertension.; Type 2 diabetes.; Hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JUNE 2019; There has not been any treatment or conservative therapy.; Shortness of breath.;Coronary artery disease without significant angina.;Palpitations.;Hypertension.;Hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; LAST FEW WEEKS, medical history of CAD/PCI/CABG, CHF, HTN, HPLD, AICD.; There has been treatment or conservative therapy.; chest pain on exertion.muscle cramps.;1. Coronary arteriosclerosis in native artery - Status post CABG.;Has been complaining of chest pain on exertion.;-Cont medical management with asa, coreg and statin.;-Will get nuclear stress test and 2-D echo.;A; TAKES ASA, CARVEDILOL, SIMVASTATION AND venlafaxine ER ;;;;Cardiovascular Surgery - 08/2010 - coronary angiogram, angioplasty and stent placement;Cardiovascular Surgery - FENT;Cardiovascular Surgery - ANGIOGRAM;Cardiovascular Surgery - ANGIOPLAS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being 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.; ASSESSMENT;Paroxysmal atrial fibrillation.;Hypertension.;Hyperlipidemia.;Normal renal arteries.;Systolic murmur.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; 8/15/2019; There has been treatment or conservative therapy.; hypertensionademiaafib; patient seen in clinic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; JANUARY 2019; It is not known if there has been any treatment or conservative therapy.; She does have some sharp, stabbing type pain around her knee on the right side. She states she is under a lot of stress taking care of her demented mother but she has begun to have chest pressure. This pressures lasts for about 10 minutes when it occurs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	O1. Essential hypertension; 02. Mixed hyperlipidemia; 03. Other chest pain; 1. chest pain. Low risk DSI November 2018. Pt reports one episode of chest pain relieved with sI ntg. Trop 0.05 per recent pcp visit, but 0.02 upon arrival to ER. Reports increase; 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 a a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	O1. Essential hypertension; O2. Mixed hyperlipidemia; O3. SSS (sick sinus syndrome); O4. Chest pain, unspecified type; O5. Palpitations; O6. Edema, unspecified type; O7. Dizziness; 1. Chest pain. Note typical and atypical features.; 2. SSS s/p ABT PPM. F; 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 are a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	O1. Obesity, unspecified;02. Coronary arteriosclerosis in native artery;03. Essential hypertension;04. Mixed hyperlipidemia;1. Chest pain with abnormal calcium score.;2. Abdominal pain. recommend f/u with pcp.;3. ATAA 4.2cm per echo July 2018;4. H; This study is being ordered for Vascular Disease, 05/22/2013; There has not been any treatment or conservative therapy.; CAD;htn;chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	01. Pericardial effusion;02. Essential hypertension;03. Mixed hyperlipidemia;04. SOB (shortness of breath);05. Other chest pain;1. chest pain. Primarily atpical. However, multiple cardiac risk factors. ;2. Pericardial effusion. Conflicting echo repo; 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 a: a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	O1. SOB (shortness of breath); O2. Essential hypertension; O3. Fatigue, unspecified type; 1. DOE; will further evaluate with pharm MPI and echo.; 2. Chest pain; w/ multiple risk factors. Plan as above.; 3. Hypertension; accelerated on exam. Will titrate; 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 study is requested for suspected coronary artery disease.	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	52 y.o. white female is here today for follow up for chest pain, abnormal EKG, hypertension, hypercholesterolemia, obesity, tricuspid regurgitation. Patient reports episodes of left precordial chest pain, occurring at random times, described as sharp at; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms; The study is requested for congestive heart failure; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	52-year-old white male, chronic smoker with history of CAD, status post PCI to mid to distal LAD in O1/2014 (he has residual 50% D2 branch, 25% RCA and ulcerative plaque with 40% lesion in the RPL at that time), hypertension, and hyperlipidemia, unable to; This study is being ordered for trauma or injury,; 07/16/2019; 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

Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		A 48-year-old female with: ;1. Intermittent chest pain with a nondiagnostic exercise treadmill stress test;2. Abnormal electrocardiogram with a short PR interval with intermittent palpitation. She is currently awaiting event monitor. So far no evidence; 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
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Abnormal ekg, Hypertension, Type 2 DM-recent A1C 7.5%, ABIs, RBBB, DOE, Hyperlipidemia, SOB possible anginal eq; 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
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Abnormal EKG.; This 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
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Angina;HTN;Hyperlipidemia;Chronic Kidney disease;;The presents with chest tightness and pressure with exertion progressing over the past several months.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Angina/Chest Pain;Location: chest; Quality: burning;Severity: moderate;Duration: lasts minutes; started 8weeks ago;Onset/Timing: occurs daily;Context: exertional;Alleviating Factors: relieved with rest;Aggravating Factors: worse with activity;; 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 (MII), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease; The BMI is 20 to 29	1
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Atrial Fibrillation (office visit); Hypertension; She states PCP started lasix 40mg per increased swelling in the ankles. Dyspnea- Putting on her compression stockings is difficult and mail box is 4-5 cars away from her house- on the walk back gets winde; 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
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		CABG, LIMA TO LAD, SVG TO DX, OM, PDA, DIABETIC, HYPERTENSION, HYPERLIPIDEMIA, CP, DYSPNEA,; 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
Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Chest pain with shortness of breath heart skipping and HTN pt has pain in neck and down arm.; This study is being ordered for Vascular Disease.; Unknown 7/2/19 when pt seen Dr for these symptoms; It is not known if there has been any treatment or conservative therapy.; Chest pain with shortness of breath heart skipping and HTN pt has pain in neck and down arm.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
4	pproval pproval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative and autitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation co	set. 2. Abnormal alternational with mixerature polypations. Dies is controlly awarding west maturely collections of the physical perfosion imaging, tomographic (SPECT) collusing attenuation convention, qualitative or garantitative with motion, excellent factors by first pack or garden standard performance of the physical performance of the physical performance of the perf

		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Chest pain; Abnormal Ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology	1
Cardiology	Approval Approval	additional quantification, when performed); single study, at rest 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Study).; This is a Medicare member.; This study is being ordered for None of the above Chest pain; Bilateral LE edema; Abnormal EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain, shortness of breath, palpitations, History of blockage in RCA by cath, on beta blocker needs Lexiscan; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; it is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CM,unsure if etiology is due to AF with RVR or ischemic in nature; recent echo showed EF 28%,moderate MR and mild diastolic dysfunction (1/30/18). Repeat Echo 4/18 showed improvement in EF to 55-60%. He has been on aggressive HF regimen. Echo done 5/16 s; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	dyspnea on exertion; abnormal EKG with NS ST abnormality; unable to exert due to back pain; The patient is diabetic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	EKG;INDICATION: Shortness of breath.;FINDINGS: Sinus rhythm with a right bundle branch block, ventricular rate 74 bpm, otherwise no significant ST-T wave changes noted. No prior EKGs present for comparison.;;ASSESSMENT;Shortness of breath.;Chest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; it is not known if there has been any treatment or conservative therapy; CHIEF COMPLAINT;Shortness of breath with exertion;;HISTORY OF PRESENT ILLNESS;Paul Sakowsky is a 54-year-old gentleman, here at the request of Kristie Branscum, APN for consultation and diagnostic testing, as needed. He has hypertension, chronic veno; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Follow-up for coronary artery disease, essential hypertension, hypertensive heart disease, left ventricular diastolic dysfunction, chronic diastolic heart failure, nonrheumatic mitral and tricuspid insufficiency, family history of coronary artery disease;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient has 3 or more cardiac risk factors; The study is requested for 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
		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Has chest pains, upper precordium, with exercise , ie angina, associated dyspnea, no radiation, goes away with resting after few minutes, does therfore not use NTG sl.; 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	1
Cardiology	Approval	or stress (exercise or pharmacologic)	rest (ceasing physical exertion activity) and/or nitroglycerin	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or 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 reports having episodes of fast heart rates over the past year. This occurs 2-3 times a week. He has some associated dizziness. He also reports dyspnea, exacerbated with exertion, lasting several minutes. patient is disabled and uses a cane to walk. Pa; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	I10 Essential hypertension ;; G89.29 Other chronic pain ;; G62.9 Peripheral polyneuropathy ;; I30.1 Non-seasonal allergic rhinitis due to pollen; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Increased shortness of breath with orthopnea and bilateral lower extremity edema, clinical picture consistent with acute heart failure, unknown if systolic versus diastolic, currently awaiting patient undergo echocardiogram and stress test; This study is being ordered for Vascular Disease.; O7/11/2019; There has been treatment or conservative therapy.; Chest pain, SOB, bilateral leg edema; 08/01/2019; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT//MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Is currently on Coumadin for stroke prophylaxis. In the ED is found to have a heart rate around 130s and 140s. ER attempted to give him metoprolol and Cardizem however this lowered his blood pressures with systolics in 70s to 90s. His heart rate remaine; 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 or emotional stress; The chest pain was NOT relieved by	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	James Y Massey is a 76-year-old who comes in for initial evaluation. He had an abnormal calcium score that was done on a voluntary basis. His total score was 806.8 with predominance in the left main, circumflex, and right coronary arteries.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	leg discomfort, legs get tired when walk long ways; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mr. Williams is referred by ArCare for evaluation of chest pain. He has a history of hypertension and hyperlipidemia. He describes chest pain for 10 years, exertional, associated dyspnea, moderately severe, can walk 50 yards before onset, gradually worsen; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms Jordan is here to establish care. She been having chest pain. Pain is described as sharp pain, under L breast, but can radiate to R breast. The pain last for 5 minutes. Acid reflux meds help ease the pain, but does not resolve the pain. Last episode wa; 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	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Ms. Miller is here for a follow up visit. She was in the hospital recently after taking 1/2 a bottle of Coreg by accident. She was observed over night and then discharged. She has been doing well with the increased dose of Entresto. She denies any angina.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Multivessel coronary artery disease status post stenting.;;Ischemic cardiomyopathy with preserved EF of 45% by echo 08/201; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	N/A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	new patient referred by primary care physician for increasing chest pain and shortness of breath.; 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 substemal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	NEW PATIENT REFERRED FOR INCREASING CHEST PAIN, PATIENT HAS A HISTORY OF WOLFF-PARKINSON WHITE AND IS UNABLE TO WALK ON TREADMILL; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	No Stress Echos done within 60 mile radius. #1 coronary artery disease- cath at the end of August 2018 showed widely patent stents. no progression of disease. she had a syncopal episode this morning after a bout of atrial fibrillation;#2 persistent atria; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	No Stress Echos done within 60 mile radius. ;#1 coronary artery disease: She been having persistent cough over the past few months. She recently had a CT scan of her chest. This revealed a large hiatal hernia. In addition extensive calcification the LAD; 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; It is unknown if there is a physical restriction to the member's ability to exercise	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	No Stress Echos done within 60 mile radius. ;1 dyspnea on exertion;# 2 hypertension;#3 hyperlipidemia ;#4 NIDDM;;impression/plan;\$he returns for follow-up with complaints of overall fatigue, chest fullness and dyspnea with exertion. This has been ; 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 shortens of breath; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease; The BMI is 30 to 39	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	No Stress Echos done within 60 mile radius. Angina, Abn-EKG with none specific ST-T changes, Murmur.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	NO Stress Echos done within 60 mile radius. Angina, Abn-EKG, HTN, patient has hip pain when walking, history of brain surgery.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	No stress Echos done within 60 mile radius. Angina, SOB, HTN, 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 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 (cassing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	No Stress Echos done within 60 mile radius. CAD/Angina, SOB, HTN, Palpitation, DOE, Smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease. The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Occlusion And Stenosis Of Right Carotid Artery, S/P CEA;Peripheral vascular disease, unspecified, AFRO Smart Control stent 6/11, right SFA; 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 MIM is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient can't walk on treadmill she has sarcoidosis and primary osteoarthritis involving multiple joints. She also has anxiety, chronic deep vein thrombosis, hypertension, mixed hyperlipidemia, 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; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient complains of palpatations and dizziness.; This study is being ordered for Vascular Disease.; 6/26/2019; There has been treatment or conservative therapy.; chest pain, shortness of breath, fatigue, decreased ef;; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient did a treadmill stress test and failed unable to walk without severe shortness of breath it was inconclusive, needs Lexiscan stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient has calcium score CT which was over 500, indicative of CAD. Unable to do treadmill stress test due to knee problems. 20 year history of diabetes- which may have caused silent ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has had a stroke and cannot exercise on treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The MII is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has history of diabetes mellitus, hypertension, edema of lower extremities, abnormal EKG. Experiences dyspnea on exertion and sensation of rapid pulse, malaise and fatigue; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiogy Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has history of MI a year ago and is experiencing precordial chest pain, shortness of breath, abnormal EKG resulting in sinus bradycardia and left posterior fascicular block, cannot rule out right ventricular enlargement.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has known CAD medically managed; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient has palpitations, CPD, shortness of breath, hypertension, patient is tired and fatigued, no entergy. Her oxygen was increased to 4L with no change in symptoms. patient says it is not her COPD making her feel this way.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient is a 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; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient w severe CAD; stent in RCA last year having increased SOB; unable to walk long distances due to new onset edema; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient with cad, angina, chest pain and sob; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Plan:;Add Xarelto 20 mg daily;Schedule vein comp for venous insufficiency;Schedule echo and pharm MPI for chest pain/SOB;Arrange event monitor for AFib;F/u in 6-8 weeks with Dr. Ngengwe;F/u in 6 months with Dr. Hallak; 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 Pressure and radiation to left chest; The patient is diabetic.; This is a request for Myocardial	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 substemal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PT HAVING ELEVATED BP DESPITE MEDICATIONS, PALPITATIONS AND EPISODES OF CHEST PAIN PRESSURE TYPE WITH RADIATION TO THE LEFT ARM, ALSO SOB. ECG SHOWS TACYCARDIA. FORMER SMOKER, QUIT AGE 34. NO HX OF CAD, HAS FM HX OF CVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PT is a 49 y/o female with history of DM type 2, hyperlipidemia, HTN, a-fib, cardiomyopathy, and has had a previous stroke. She is complaining of new and worsening chest pain and shortness of breath. Strong family history of heart disease at young age.; 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 coronary artery disease; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt with cp, sob, abnormal ekg and palpitations; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; it is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic).	referral from Dr. Woodworth for an abnormal EKG and pre op clearance of an umbilical hernia; This study is 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.; This is a MERCY CLINIC CARDIOLOGY ROGERS evaluation of Charles R Bonner Jr. is a 55 y.o. male who is a known case of preop eval for umbilical hernia . he describes dyspnea on minimal exertion which is progressively getting worse associated with fatigue we; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Shortness of Breath, Shortness of Breath upon Exertion, Chest pain;;pt states when she becomes upset, her neck hurts and her head begins to twitch ;Cold Feet;Pain, cramping in both legs;numbness in great toe right foot; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic).	SOB, COPD, SMOKER, CHRONIC FATIGUE, MORBID OBESITY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; LASST FEW MONTHS SEEN PCP 07/09/2019 FOR THIS; There has been treatment or conservative therapy; SOB, ARM PAIN W NUMBNESS; INHALER FOR SOB, EKG NL, UNABLE TO WALK ANY DISTANCE W/O GETTING SOB ALSO SWEATING W ARM NUMBNESS REPORTED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Submaximal stress EKG, the patient reached only 64% of her maximal predicted heart rate; 2. Abnormal blood pressure response at maximal exertion.; 3. There was no evidence of exercise induced arrhythmias; 4. Very limited aerobic capacity; Comments: V; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	surgical clearance; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Suspected CAD due to abnormal calcium score test, symptoms of SOB on exertion, h/o hypertension, over age of 55, BMI 36. Abnormal ETT on 9/26/19 showing rate related LBBB at peak exercise/recovery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Symptoms of chest pain, shortness of breath, with DM - suspected CAD. Patient performed a nondiagnostic, submaximal ETT (treadmill stress test) on 8/28/19. She was only able to exercise 3:11 min, 4.6 METs with fatigue and SOB in stage 1/requested to DC; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	syncope and collapse; pt has diabetes and hypertension.;he had a cardiac catheterization that showed 90% heavily calcified distal RCA stenosis, 90% distal LAD stenosis (tail of LAD). 60% mid LAD stenosis, 50% mid OM2 stenosis. FFR of the mid LAD 0.85; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The left ventricular wall motion is normal.; The Ejection Fraction estimate is 60-65%.; There is mild to moderate mitral regurgitation.; Nondiagnostic stress echo because of failure to achieve the target; HR and; adequate cardiac stress. Howev; 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 substemal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	15
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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	8

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	6
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	10
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	40
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for 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	36
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	19
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Post-operative (Cardiac Surgery, Angioplasty or stent) Evaluation; It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1

The standy is being entired for percentage over than known transport on Novy measured control, a fractionary of the production of the percentage of the perc					
will mode, operation from the year past or grade conclusion, any process for the subject required for which concern any process of the subject required from the subject of	Cardiology	Approval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT)	neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; New Patient eval was 06/20/2019. Pt reports symptoms are new onset.; There has not been any treatment or conservative therapy.; Chest Pain, SOB, Palpitations, 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 Transient Cerebral Ischemic Attack, Unspecified; Hypertensive heart disease without heart failure; Ms. Waugh is a very nice 60-year-old woman who has a history of previous pulmonary embolus and deep vein thrombus; This is a request for Myocardial Perfusion Imaging (Nuclear	
patient has not had after testing good to evaluate near or damping youngerplic (EPLCT) (including etterusition correction, qualificative or quantificative set of patients (including etterusition correction), qualificative set of control of the c	Cardiology	Approval	wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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
The strong traum or injury, metabasis disease, a neurological disorder, inflammatory or infectious disease, congenital among, or exclusif disease, congenital among, or exclusive disease, and or exclusive disease, congenital among, or exclusive disease, congenital disease, congenital disease, and or exclusive disease, and or exclusive disease, and official against for a substantial disease, and official against and or exclusive disease, and official against for a substantial disease, and official against and official	Cardiology	Approval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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	1
exertion, some times radiates to his left side of neck. Reports that he had Cardiac cath at NPMC but no stert was placed, mildly abnormal nucleus sterss. The patient is not diabelic. This is a request for a finding attenuation correction, qualitative or quantitative will motion, ejection fraction by first pass or gated technique, being ordered for Cardiology Study); This is a Medicar member; This study is being ordered for Cardiology and prior short prior the will motion, ejection fraction by first pass or gated technique, support short prior the will motion, ejection fraction by first pass or gated technique, support short prior the will not be described as "Typical angina" or substream cheet pain was NOT releved by rest (easing physical esertion or embroinal stress; the cheet pain was NOT releved by rest (easing physical esertion activity) and/or nitroglycerin or at results of physical esertion or embroinal stress; the cheet pain was NOT releved by rest (easing physical esertion activity) and/or nitroglycerin or stress (secretic or pharmacologic). Cardiology Approval or stress (secretic or pharmacologic) Approval performed, complete, without specified or cloth Deppler and commentation (2D), includes M-mode recording, when performed, complete, without specified or cloth Deppler and commentation (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 study is being ordered for another reason; and adjust the study is being ordered for another reason; and adjust the study is being ordered for another reason; and adjust the study is a physical examination (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2	Cardiology	Approval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory of infectious disease, congenital anomaly, or vascular disease; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN AND SHORTNESS OF BREATH; Has been on treatment for pulmonary embolism; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,	1
33307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler 33307 Echocardiography, 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 ta request for a Transthoracic Echocardiogram; This study is being ordered for another reason; This is a request for a Transthoracic Echocardiogram; This study is being ordered for another reason; This is a request for a Transthoracic Echocardiogram; This study is being ordered for enother reason; This is a request for a Transthoracic Echocardiogram; This study is being ordered for enother reason; This is a request for a Transthoracic Echocardiogram; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. This is 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; short reason; This study is being or	Cardiology	Approval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	exertion, some times radiates to his left side of neck. Reports that he had Cardiac cath at NPMC but no stent was placed.;mildly abnormal nuclear stress; 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	1
93307 Echocardiography, 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 ff 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; 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler Cardiology Approval echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recordin	Cardialan	AI	documentation (2D), includes M-mode recording, when		10
This is a request for a Transthoracic Echocardiogram;; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is a request for an ore echocardiogram; This is to diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is a request for an ore evaluation is not known or unlisted above. Enter answer here - or Type In Unknown If No Info Given. This a request for an ore chocardiogram; This is to diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is for the initial evaluation of diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is for the initial evaluation of documentation (2D), includes M-mode recording, when abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is for the initial evaluation of documentation (2D), includes M-mode recording, when abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is for the initial evaluation of documentation (2D), includes M-mode recording, when listed indications. Enter answer here - or Type In Unknown If No Info Given. This are quest for a rechocardiogram; disease; the abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; the initial evaluation of documentation (2D), includes M-mode recording, when listed indications. Enter answer here - or Type In Unknown If No Info Given. This are quest for a rechocardiogram; distinct of the initial evaluation of the performed, co			93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason;	4
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 93307 Echocardiography, transthoracic, real-time with image 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 performed, complete, without spectral or color Doppler heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. Approval Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler Cardiac Valves; This is an annual review of known valve disease; it has been 10 - 11 months since	Cardiology	Approval	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	1
93307 Echocardiography, transthoracic, real-time with image Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; documentation (2D), includes M-mode recording, when This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of performed, complete, without spectral or color Doppler Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since			93307 Echocardiography, 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 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	1
			93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	1

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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
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.; Enter date of initial onset here - or Type In Unknown If No Info Given It is no Kown 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
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.; since 2014; There has been treatment or conservative therapy.; chest pain;; medical management; heart bypass;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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; unknown; It is not known if there has been any treatment or conservative therapy; chest pain; sob; hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	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 another reason; The reason for ordering this study is unknown.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	5
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	3
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FEB. 2018; There has not been any treatment or conservative therapy.; Atypical chest pain.;Paroxysmal atrial fibrillation, currently maintaining sinus rhythm.;Longterm anticoagulation on Eliquis.;Hypertension.;Type 2 diabetes.;Dyslipidemia.;Reflux.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; JUNE 2019; It is not known if there has been any treatment or conservative therapy., Preop clearance.; Chest pain.; Heart murmur.; Hypertension.; Type 2 diabetes.; Hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; JUNE 2019; There has not been any treatment or conservative therapy.; Shortness of breath.; Coronary artery disease without significant angina.; Palpitations.; Hypertension.; Hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; LAST FEW WEEKS, medical history of CAD/PCI/CABG, CHF, HTN, HPLD, AICD.; There has been treatment or conservative therapy.; chest pain on exertion.muscle cramps.;1. Coronary arteriosclerosis in native artery - Status post CABG.;Has been complaining of chest pain on exertion.;-Cont medical management with asa, coreg and statin.;-Will get nuclear stress test and 2-D echo.;A; TAKES ASA, CARVEDILOI, SIMVASTATION AND venlafaxine ER ;;;;Cardiovascular Surgery - Oxoroary angiogram, angioplasty and strip laleaement;Cardiovascular Surgery - STRT;Cardiovascular Surgery - ANGIOGRAM;Cardiovascular Surgery - ANGIOPLAS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; ASSESSMENT;Paroxysmal atrial fibrillation.;Hypertension:;Hyperlipidemia:,Normal renal arreirs:,Systolic murmur.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	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.; 8/15/2019; There has been treatment or conservative therapy.; hypertensionademiasfib; patient seen in clinic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	01. Obesity, unspecified 02. Coronary arteriosclerosis in native artery 03. Essential hypertension 04. Mixed hyperlipidemia 1. Chest pain with abnormal calcium score. 2. Abdominal pain. recommend f/u with pcp. 3. ATAA 4.2cm per echo July 2018 4. Hypertens; 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
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	01. Paroxysmal atrial fibrillation; 02. Presence of permanent cardiac pacemaker; 03. SOB (shortness of breath); 04. Nonischemic dilated cardiomyopathy; 1. NDCM/ CSHF, NYHA class 3 hf - , Most recent limited echo on 4/12/2019 showed 42 to 45% and patient; 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	1
Cardiology	Approval	echocardiography	hypertensive heart disease.	

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	1. Dizziness- Will get an EVR 14 days; 2. Sinus bradycardia; 3. Hypertension- stable; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; it is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	ABD EKG with possible qtc strong family history of heart disease; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart	1
Cardiology	Approval	echocardiography	attack or hypertensive heart disease.	
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	all risk factors such as DM2, HLD, CVA.; This study is being ordered for a neurological disorder.; 8/28/2014 when pt had CVA; There has been treatment or conservative therapy.; Reports 2 months ago he had "symptoms" that were similar to his stroke. States blood sugar and blood pressure were "normal" at this time. State this spell lasted around 5 minutes.;;Reports right sided weakness/slurred speech; Taking ASA 325,atorvastatin, DM meds(s) one of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	ASSESSMENT; Coronary artery disease of the native vessel, 125.10.; Chronic obstructive pulmonary disease, 144.9 on inhalers.; Mild mitral regurgitation, 134.0.; Mild tricuspid regurgitation, 136.1. ; Localized edema involving the legs.;; RECOMMENDATION; This a request for an echocardiogram.; This is a request for a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 09/18/2019; There has not been any treatment or conservative therapy; pain, jaw, shoulder blades, shortness or breath and palipations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Cheest pain and palpitations; 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
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	chronic past medical history of hypertension, hyperlipidemia, family history of early CAD, and GERD, referred for cardiac evaluation. She presents to the office today with complaints of having pressure to midsternal chest area and under left breast that; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; over a year; There has not been any treatment or conservative therapy; chest pain; shortness of breath, palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	CONTINUITY OF CARE ASSOCIATED W/HEART TX; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CONTINUITY OF CARE; 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
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	HIGH VENTRICULAR RATES RECORDED PER MERLIN ALERT; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	History of Present Illness: Mr. Lowery is a pleasant 66 years old gentleman, with a stable medical history of hypertension, hyperlipidemia, diabetes mellitus type 2, tobacco abuse and chronic fatigue, who was referred to this office by his primary care ph; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	1
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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 enother reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	2
Cardiology	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 another reason; The reason for ordering this study is unknown.	6
Cardiology	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 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
Cardiology	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 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
Cardiology	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 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of an abnormal heart rhythm.; The ordering provider is a Cardiologist; This study is being ordered for none of the above or don't know.	1
Cardiology	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 11 or older.; This study is being ordered for a history of heart valve disease.	1
Cardiology	Approval Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	attack or hypertensive heart disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider is a Cardiologist; This study is being ordered for Chest pain of suspected cardiac etiology	2
Condictory	4	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	The patient had a CVA in April and has some residual left sided weakness. We have;wondered if undiagnosed paroxysmal atrial fibrillation could have caused this. Recent monitoring was fairly;unremarkable with no episodes of atrial fibrillation. Recent nu; 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	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	required stent placement; 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
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient sent from another cardiologist for Echo/ nuclear testing due to chest pain r/o. pain is similar to when he went for heart cath but coroanries were normal at that time.; 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. shortness of breath on exertion maybe anginal equivalent due to past symptoms similar to this that	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient has syncope ekg sacicular block; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient has paroxysmal A-fib and her symptoms come and go. She hasn't called us with any new symptoms recently but may just be waiting until her appointment to let doctor know what's been happening during her f/u appointment.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has 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
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) indicative of heart disease.	4
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath is not related to any of the listed indications.	11
		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 abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient	17
Cardiology	Approval	echocardiography	has an abnormal EKG	

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is 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 artifical heart valves.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; 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
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	2
cardiology	дриочи	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	2
Cardiology	Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Embolism. 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	1
Cardiology	Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	mass. 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	5
Cardiology	Approval Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	request for follow up of a known murmur. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	16
Cardiology	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.; The murmur is grade III (3) or greater.	21
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	22
Cardiology	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 Valves.; The patient has suspected prolapsed mitral valve.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	7
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is experiencing new or changing symptoms related heart valves.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	11
ca. a.o.ogy	Approvai	conocar ano _b rapmy	discusse, it has been 12. 25 months of more since the hast controllaring	

		93307 Echocardiography, transthoracic, real-time with image		
Cardiology	Approval	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 review of known valve	2
Cardiology	Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	disease.; It has been 24 months or more since the last echocardiogram. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing	38
Cardiology	Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image	symptoms of valve disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
Cardiology	Approval	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	52
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	2
Cardiology	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 Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	2
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (20), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	3
Cardialam		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is 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
Cardiology	Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is 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.	3
	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 Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	37
Cardiology	Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	61
Cardiology	Approval Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	7
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	26
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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).	11
Cardiology	Approval	periorined, complete, windout spectral or color obupies 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	140
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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.	3
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	246
Cardiology	Approval	performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Pulmonary Hypertension.	

		93307 Echocardiography, transthoracic, real-time with image	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic	
		documentation (2D), includes M-mode recording, when	Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study	1
Cardiology	Approval	performed, complete, without spectral or color Doppler	is unknown.	
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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial	1
Cardiology	Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image	evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	
Cardiology	Approval	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 Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
C. P.L.		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	2
Cardiology	Approval	echocardiography	does not have a history of a recent heart attack or hypertensive heart disease.	
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	WILL FAX 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 been treatment or conservative therapy.; CHEST PAIN AND SHORTNESS OF BREATH; Has been on treatment for pulmonary embolism; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	2
Caralology	Approvai	and report	The, the poweres 20 years or age or order.	
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE; The patient is 18 years of age or older.	2
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation	N/A; This a request for an echocardiogram; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Patient has congestive heart failure and the TTE showed ejection fraction less than 35%; 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
		93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation	Pre-operative evaluation of mitral stenosis.; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, preop 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	1
Cardiology	Approval	and report	of age or older.	
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation	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.	5
		93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording);	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18	1
Cardiology	Approval	including probe placement, image acquisition, interpretation 93312 Echocardiography, transesophageal, real-time with image	years of age or older. This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This	
		documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation	Inis a request for an ecnocarologram.; Inis is a request for a Iransesopnageal Ecnocarologram.; Inis study is being requested for evaluation of a trial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18	23
Cardiology	Approval	and report	years of age or older.	
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation	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.	5
		93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording);	This a request for an echocardiogram; This is a request for a Transesophageal Echocardiogram; This study is being requested for pre-operative evaulation of mitral valve regurgitation; The patient is 18	6
Cardiology	Approval	including probe placement, image acquisition, interpretation 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	years of age or older.	2
Cardiology	Approval	performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced		
		, , , and an analysis and a second modeled		

		93350 Echocardiography, transthoracic, real-time with image		
Cardiology	Approval	documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced	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.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; since 2014; There has been treatment or conservative therapy.; chest pain;; medical management; heart bypass;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	; This study is being ordered for Congenital Anomaly,;; There has been treatment or conservative therapy.;;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Syncope.;Fatigue.;Chest discomfort.;Occasional visual changes. ;Coronary artery disease.;Status post stenting to the RCA in October of 2018.;Hypertension.;Dyslipidemia.;Tobacco dependence.; MEDICATION THERAPY, HISTORY OF PTCA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	01. Essential hypertension 02. Other chest pain 03. Palpitations 04. SOB (shortness of breath) 1. Chest pain. Note typical and atypical features. 2. Bradycardia. Reports episodes of dizziness and near syncope. 3. Hypertension. Elevated today. Recent admis; This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	6 week post stent; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	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;	ABNORMAL STRESS TEST,; This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Cardiology consultation for this very nice 65-year-old lady. She is referred by her primary provider for cardiac arrhythmia evaluation. She has EKGs in her medical record showing atrial fibrillation. Her EKG today shows frequent PVCs with bigeminy and tri; This is a request for a Stress Echocardiogram.; This patient had a Nuclear Cardiology study within past 8 weeks.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	history of svt; 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 esablished 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
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	It is unknown if the patient has symptomsof atypical chest pain (angina) 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
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Routine eval of CAD patient; 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 esablished 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
		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	SEVERE CADSTENT IN PAST INTERMITTENT SOBRE-EVALUATE PT STATUS; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known	1
Cardiology	Approval	stress, with interpretation and report;	or suspected coronary artery disease.	

Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non- nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	3
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; 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 coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	2
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced	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
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	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous myocardial infarction.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is 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.	2
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting 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.; It is not known if this patient had a Nuclear Cardiac Study within in the past 8 weeks.; This study is being ordered for a Post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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.	9
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is an evaluation prior to major surgery involving general anesthesia.; The patient has suspected CAD.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for Pre-operative (Cardiac Surgery, Angioplasty or stent) Evaluation	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting 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."	2
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is diabetic.; 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
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; 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
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	6
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		93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when			
Cardiology	Approval	performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	2
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced		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.	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced		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.	2
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	14
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		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.	103
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		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2017; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, chest pressure with anxiety; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and			1
Cardiology	Disapproval	image postprocessing 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	3
Cardiology	Disapproval	image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain. The patient has negative coronary CTA. Continue to monitor closely.;2.History of palpitations, continue to followup with EP.;3.Pulmonary nodule, will get a repeat CT in August.;4.The patient will followup in 6 months or sooner if neede; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Evaluation of thoracic aorta and coronary arteries due to past repair of thoracic aorta, replacement of valve, and coronary arteries to determine if they are the cause of chest pain.; This study is being ordered for Vascular Disease.; patient has a complaint of chest pain and has had a thoracic aortic aneurysm repair and an aortic valve replacement December 2010. Patient is a current smoker.; It is not known if there has been any treatment or conservative therapy.; Patient has a complaint of chest pain. Evaluation of patient was discussed between Doctor of Radiology and Doctor of Cardiology and since patient has had Thoracic Aortic Aneurysm repair and Aortic Valve replaced it was recommended that a CTA of the Corona; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) 74175 Computed tomographic angiography, abdomen, with	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, 09/18/2019; 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
Cardiology	Disapproval	contrast material(s), including noncontrast images, if performed and image postprocessing	, Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
		74176 Computed tomography, abdomen and pelvis; without		56 year old female patient referred by Dr. Paixao for a colonoscopy. When we contacted the patient she also reported having a hernia. She says this is located under her right breast. Patient had a CABG by Dr. Freeland in December. Patient has a sternal ab; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a	1
Cardiology	Disapproval	contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	The patient is a very pleasant, 42-year-old African American female with a previous history of recurrent deep venous thrombosis and previous history of Factor 5 Leiden deficiency. The patient has been anticoagulated but is having asymmetrical left leg swe; This is a request for an abdomenpelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
,		75557 Cardiac magnetic resonance imaging for morphology and			1
Cardiology	Disapproval	function without contrast material;	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1
Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Atypical chest pain, possible coronary artery disease and ischemic etiology versus noncardiac causes; 2.Bony prominence involving the sternum, possible inflammatory process; 3.Hypertension.; 4.COPD.; 5.Chronic tobacco use.; ; The patient was advise; This is a request for CTA Coronary Arteries; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Evaluation of thoracic aorta and coronary arteries due to past repair of thoracic aorta, replacement of valve, and coronary arteries to determine if they are the cause of chest pain.; This study is being ordered for Vascular Disease.; patient has a complaint of chest pain and has had a thoracic aortic aneurysm repair and an aortic valve replacement December 2010. Patient is a current smoker.; It is not known if there has been any treatment or conservative therapy.; Patient has a complaint of chest pain. Evaluation of patient was discussed between Doctor of Radiology and Doctor of Cardiology and since patient has had Thoracic Aortic Aneurysm repair and Aortic Valve replaced it was recommended that a CTA of the Corona; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	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	Hypertrophic cardiomyopathy: I think this is the cause of his abnormal MPI; however, we need to rule out ischemia. We will get a coronary CTA to evaluate further.;2. Nonsustained VT on CardioNet monitor: The patient should follow-up with EP to decide; 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 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
		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		recent chest pain, normal troponin, myo 78452 done 8/3/2015 neg. for reversible ischemia. ef was 72. now having chest pain, sob with exertion and leg pain-claudication. hyperlipidemia, htn, no diabetes, ex-smoker, quit 6-8 months ago. normal ekg; One of the studies being ordered is a Breast	1
Cardiology	Disapproval	cardiac function, and evaluation of venous structures, if	Radiology Services Denied Not Medically Necessary	MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	

		75574 Computed tomographic angiography heart coronary			
		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.; The study is requested for congestive heart failure.; It is	1
Cardiology	Disapproval	cardiac function, and evaluation of venous structures, if	Radiology Services Denied Not Medically Necessary	not known if the member has known or suspected coronary artery disease.	
		75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast			
		material, including 3D image postprocessing (including			1
Cardiology	Disapproval	evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	
Cardiology	Disapprovai	75635 Computed tomographic angiography, abdominal aorta	Radiology Services Denied Not Medically Necessary	disorders.	
		and bilateral iliofemoral lower extremity runoff, with contrast			4
Cardiology	Disapproval	material(s), including noncontrast images, if performed, and	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	
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	# Aortic stenosis ;# Hypertension ;# Abdominal aortic aneurysm ;# Abnormal EKG finding ;# Palpitations ;# Diabetes mellitus type 2 ;# Chronic back pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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
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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 (R07.9); # Electrocardiographic myocardial infarction (I21.3): Unknown time of evolution; # Hypertension (I10); # Hyperlipidemia (E78.5); 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
curdiology	ызарргочаг	or stress (exercise or pharmacologic)	nadiology services believe not incurcan, necessary		
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 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	2
		78451 Myocardial perfusion imaging, tomographic (SPECT)		Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion	
Cardiology	Disapproval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2
		7045444			
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 07-3-19; There has been treatment or conservative therapy.; hypertension and edema, shortness of breath; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
			, , , , , , , , , , , , , , , , , , , ,	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology	
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	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
				The action is dishable. This is a second for Managed in Double in Jacobs (N. 1.)	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; The patient is 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
				; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test	
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	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
Caraiology	Disappiovai	or stress (exercise or prioringcologic)	nadiology services believe NOL Medically Necessary	or suspected coronary artery disease.	

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	6
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	3
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	3
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	O1. Essential hypertension; 02. Other chest pain; 03. Palpitations; 04. SOB (shortness of breath); 1. Chest pain. Note typical and atypical features.; 2. Bradycardia. Reports episodes of dizziness and near syncope.; 3. Hypertension. Elevated today. Rece; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/03/19; There has not been any treatment or conservative therapy.; Hypertension; chest pain; palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	

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	06/25/2019 HAS HAD SINCE 2016 aortic valve stenosis bicuspid aortic valve Has moderate stenosis on the last 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; 06/25/2019 HAS HAD SINCE 2016; aortic valve stenosis; bicuspid aortic valve; Has moderate stenosis on the last echocardiogram; It is not known if there has been any treatment or conservative therapy; CHEST PAIN; One of the studies being ordered is NOT a Breast MCT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		 Angina, class II - I20.9 (Primary); 2. PVD (peripheral vascular disease) - I73.9; 3. CAD in native artery - I25.10; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		abnormal ekg, chest pain; 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	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	ABNORMAL STRESS TEST,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	all risk factors such as DM2, HLD, CVA.; This study is being ordered for a neurological disorder.; 8/28/2014 when pt had CVA; There has been treatment or conservative therapy.; Reports 2 months ago he had "symptoms" that were similar to his stroke. States blood sugar and blood pressure were "normal" at this time. State this spell lasted around 5 minutes.;;Reports right sided weakness/slurred speech; Taking ASA 325,atorvastatin, DM meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Calium score 21, limited to LAD distribution. Abnormal EKG. SOB.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain and arm is tingling and family history or early CAD his father had 3 stents; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain mixed features for angina overall clinical history appears more atypical.; 2. Shortness of breath, dyspnea on exertion. Etiology unclear; 3. Intermittent dizziness; 4. Hyperlipidemia; 5. History of Mobitz type I, a symptomatically prior Ho; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest Pain, HTN, Diabetes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
			2,,		

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, leg swelling, sob, and dizziness. wanting it done for anginal equivalent, precordial pian and he also has non morbid obesity due to excess calories. he also has spondylosis without myelopathy or radiculopathy, in lumbar region; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chronic past medical history of hypertension, hyperlipidemia, family history of early CAD, and GERD, referred for cardiac evaluation. She presents to the office today with complaints of having pressure to midsternal chest area and under left breast that; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; over a year; There has not been any treatment or conservative therapy; chest pain; shortness of breath, palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	cp, dyspnea, DM 2, dyslipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	During PT following right shoulder surgery about a couple of weeks ago, has had a couple of episodes of dyspnea and dizziness that improved with sitting. Has also happened at other times- felt 'winded' walking up stairs yesterday. Gets 'sweaty' when exert; The patient is not diabetic, This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	ECG on 7-23-19 shows Sinus rhythm w/HR 79 bpm and minor T-wave abnormality. Patient has CP that radiates to both arms. Pain from I arm going to the upper side and into the chest (pressure/tightness) then goes into the r arm. Symptoms worsen w/activity and; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	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 study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	episodes of retrosternal chest discomfort, 4 out of 10 in intensity, not always related to exertion occasionally radiating to the neck. Denies any shortness of breath. Also complains of intermittent palpitations which happens 1-2 times every month.;ROSwn; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; intermittent episodes of retrosternal chest discomfort, 4 out of 10 in intensity, not always related to exertion occasionally radiating to the neck. Denies any shortness of breath. Also complains of intermittent palpitations which happens 1-2 times every; It is not known if there has been any treatment or conservative therapy; RETROSTERNAL CHEST PAIN WITH EXERTION OCCASIONALLY RADIATING INTO NECK, 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

Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	He states sugars poorly controlled up to 250-300. He was wanting to see it sounds like Dr. Lendel for endocrinology assessment. Either way he showed up here and has history of heart disease and some chest discomfort. I will try to get him into see endocri; 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
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr Barakat is a 53 year old male referred for chest pain. The chest pain he had felt like heaviness. It lasted for several days. He reports associated dyspnea.;;Patient is a ew patient today with asthma, dyspnea on exertion, cheat pain, right bundle b; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is 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
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Mr. Rogers comes in for initial evaluation. He has history of hypertension diabetes at the back of use. He's been having increased shortness of breath with activity. He's also noticed some wheezing. He is talking about quitting smoking is been given some; 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
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by 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 Draper is a 56 year old female here to follow up. She was originally referred for heart murmur. She reports shortness of breath and fatigue. It comes on with mild exertion. It gets better with rest. This has been going on for years. It seems to have g; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by 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 prev. cad. weakness, htn, sinus bradycardia, pvd, nicotine dependence; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Chest pain, shortness of breath, dizziness AND PALPITATIONS. has been complaining of episodes of palpitations which he describes as skipped beats and racing of his heart lasting for 10-15 minutes. He first started having the symptoms last year for couple; It is not known if there has been any treatment or conservative therapy; Chest pain, shortness of breath, dizziness AND PALPITATIONS. has been complaining of episodes of palpitations which he describes as skipped beats and racing of his heart lasting for 10-15 minutes. He first started having the symptoms last year for couple; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	No Stress Echos done within 60 mile radius. #1 angina: She has had a long history of having heartburn. Over the past few months she's been having more frequent episodes. A lot of times it heartburn symptoms are not related to meals. Other times it can com; 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
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by 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 Echos done within 60 mile radius. #1 angina: She's been having symptoms of chest discomfort over the past few months. Discomfort can occur with activity or rest. She feels a fullness in the center of her chest. It radiates into her jaw and neck.; 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
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by 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 Echos done within 60 mile radius. CP and angina; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
	Disapproval Disapproval Disapproval Disapproval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic) Disapproval or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion im	sell-order, etcher factor by the gaze or particularly and the sell-order of the country of the c

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 Echos Done within 60 mile Radius. Patient has COPD, SOB, Sycope, Angina, HTN, Hyperlipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	No Stress Echos done within 60 mile radius. SOB, Angina, HTN, RBBB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	NORMAL EKG, Pertinent history includes: HTN.; Describes chest pressure that has been present for several years, brought when she is upset, occurring more frequently since February. No relation to activity and and no associated symptoms, but associated wi; The patient is not diabetic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient had a calcium test of 305 and out of the 305 it showed the RCA to be 183, and she had a vascular screening March 2019 that showed left and the right Carotids to be 1-39%; 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, if BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient had EKG on initial visit. Patient presents with worsening 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 not requested for pre op evaluation, cardiac 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.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is experiencing chest pain with a history of CAD, MI, hypertension.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is experiencing episodes of precordial chest pain associated with dyspnea on exertion. Abnormal EKG. Hypertension. Type 2 diabetes. Osteoarthritis in both knees, unable to exercise.; 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
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is experiencing episodes of syncope, chest pain associated with dyspnea on exertion. History of cardiac murmur, abnormal EKG, prediabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient is having chest pains, 2 months ago, at rest, short episodes, patient has hypertension, is a smoker, and has aortic regurgitation; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient referred by PCP for evaluation of worsening shortness of breath and chest pain. Symptoms are aggravated by moderate activity, such as climbing a flight of stairs, and relieved by rest. Patiehnt is a current smoker. EKG shows normal sinus rhythm wit; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with a history of cerebral ischemia, peripherial vascular disease, hypertension, hyperlipidemia, and tobacco use. Last EKG shows sinus bradycardia. septal infarct, and was determined to be abnormal. Last blood pressure was 140/115. BMI is 34.5. 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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with AODM, LE edema, diabetic neuropathy, current tobacco use, HTN - having angina symptoms of chest pressure, SOB. Chest pressure noted as moderate, lasts minutes, occurs at rest, nothing makes it worse, associated with SOB. EKG on 8/28/19 was "b; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient with CAD, CO and abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient with CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with complaint of chest pain with worsening shortness of breath, palpitations, and fatigue. Family history of MI in first degree relative. Patient is a current smoker. Patient has had a recent CT Thorax. CT noted no pathology in lungs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with complaint of shortness of breath on exertion, chest pain, and edema. Patient's parents have both had heart attacks. Patient is a current tobacco user. Patient has a history of hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	patient with htn, dm, hyperlipidemia. having psvt and needs work up to determine treatment options.; 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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PATIENT WITH KNOWN CAD HAVING CHEST PAIN CONCERNING OF ANGINAL SYMPTOMS. PT HAS ICD AND IS EXPERIENCING V TACH AND CARDIOMYOPATHY; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with unstable angina with suspected CAD who has risk factors of diabetes. She has been having exertional chest pain mths that occasionally occurs at random. Borderline EKG showing sinus tachycardia at 106 bpm on 8/27/19 and short PR interval, an; 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 BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Problems;Reviewed Problems;Disorder of thyroid gland - Onset: 04/23/2019;Type 2 diabetes mellitus - Onset: 04/23/2019;Hyperlipidemia - Onset: 04/23/2019;Family History;Reviewed Family History;Social History;Reviewed Social History;Cardiology;Occ; 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 member has known or suspected coronary artery disease; The Member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt had an abn plain tread mill stress test. Had ST and T wave abnormalities; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Pt has 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
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 diabetes. Pt has had multiple episodes of syncope; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PT HAVING SOB AND CHEST PAIN WITH EXERTION AND ANKLE EDEMA. ;NO HX OF CAD. PT IS A FORMER SMOKER, QUIT IN 2018. DOES HAVE FM HX OF CHF.;BMI IS 35;WT 228.6; 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
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Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt here for followup of palpitations and COPD. She denies any chest pain. She is tired and fatigued. No energy. She is convinced it is not her COPD. Her oxygen was increased to 4L with no change in symptoms. She comes in today 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 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
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by 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 symptomatic with increasing chest pain and shortness of breath. Pt has uncontrolled HTN and diabetes. not able to walk on a treadmill due to COPD and poor exercise tolarance. Cannot climb a flight of stairs without stopping due to shortness of breat; 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 angiplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Reason for Appointment; 1. Ischemic cardiomyopathy; 2. CAD; 3. Congestive heart failure; 4. s/p AICD;;; History of Present Illness; HPI:; Pt here for followup of ischemic cardiomyopathy and cad. He denies any chest pain. He denies any s; 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
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Reason For Visit; Cardiology-RFV: The patient is being seen for a new patient visit. Reason for visit: coronary artery disease, hypertension and a prior myocardial infarction.; ; History of Present Illness; Appropriate Use Criteria Form SCC: ; Patient h; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms; ; The study is not requested for pre op evaluation, cardiac 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
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by 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 episodes of sharp mid precordial chest pain, radiating into his back, associated with dyspnea, moderate to severe in intensity, lasting 5-8 minutes, spontaneous resolution. Symptoms are randomly occurring with no identifiable precipitating event; 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.	1
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	See previous; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study),; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	sharp chest pain and pressure;;dyspnea;;lupus ;;kidney disease Stage 3;;hypertension;;Abnormal EKG T wave abnormality;;Strong family history; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,		short of breath dressing/undressing;Will get nuclear stress test and 2-D echo cardiogram to evaluate for ischemia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ? started in april 2019, seen PCP 06/25/2019 HAVING CHEST PAIN AND SOB; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN AND SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
	Disapproval Disapproval Disapproval Disapproval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation	TASES Mycardial perfusion incepting, temperature (CPECT) intellulating elementary contractive, qualificative or quantitative, such contractive, qualificative or quantitative, which greaters upon the design developed of the qualificative or quantitative, which perfusion or qualificative, which greaters upon the developed of the qualificative or quantitative, which perfusion of qualificative, which greaters upon the qualificative or qu

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	shortness of breath; palpitations and tightness in chest with exertion and emotional stress. no hx of cad, no diabetes.;Father has heart disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	squeezing chest pain; shortness of breath; history of atrial fib; hypertension; high cholesterol; lichen simplex chronicus; EKG sinus rhythm w/nonspecific STT wave changes; elevated troponin 0.4; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The left ventricle is normal in size.; The Ejection Fraction estimate is 45-50 %.; Mild left ventricular global hypokinesia.; Grade 1 diastolic dysfunction.; The aortic valve is not well visualized, most likely trileaflet with; mild; valvula; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	the patient has arthritis, diabetes mellitus, htn, and obesity. she had arthroscopic knee surgery on the right knee. sob of during exertion, when she walks she states. patient also has mild chest pain at he upper mid chest. physical exam is benign today 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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient presents for initial electrophysiology evaluation self referred for SVT. He had an SVT RFCA at age 16 at Arkansas Children's Hospital. He has not had a cardiac workup since then. He denies any chest pain or frank syncope. He does have episodes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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
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	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
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	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
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	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	3
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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.	12

		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative			2
Cardiology	Disapproval	wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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.	-
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	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.	15
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	Padialam Sanises 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.	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; YEAR 2017; There has not been any treatment or conservative therapy.; Chest pain.; Shortness of breath.; Palpitations.; Bilateral carotid bruits.; Claudication of bilateral lower extremities.; Hypertension.; Hyperlipidemia.; Ongoing tobacco use.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; 2016; There has been treatment or conservative therapy.; CP episodes which knock pt to knees along with nausea and vomiting. Past Hx of MI.; Pt is taking statin to reduce arteriosclerosis and is also on BP medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		unknown; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		WILL FAX ADDITIONAL INFORMATION.; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CORONARY ARTERY DISEASE; CHEST PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT//MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICAL DOCUMENTS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	will fax clinical documents; This study is being 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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		WILL FAX 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; NECK PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2009; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	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 There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 07-3-19; There has been treatment or conservative therapy.; hypertension and edema, shortness of breath; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	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.; Unknown; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath, left arm pain radiating to the jaw , fatigue, feet swelling,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 another reason; The reason for ordering this study is unknown.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; 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
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.; Anna Morris is here at the request of Dr. Adkins for consultation and diagnostic testing, as needed, due to shortness of breath with exertion. Patient is a 79 year old female with hypertension, hyperlipidemia, type 2 diabetes, coronary artery disease, st; There has not been any treatment or conservative therapy.; Shortness of breath with exertion.; Coronary artery disease without angina.; Peripheral vascular disease with mild claudication.; Hypertension.; Hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; Enter date of initial onset here - Between 1 and 4 weeks ago; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	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.; He has hypertension, hyperlipidemia, and coronary artery disease status post bypass surgery in 1999. He has not had a cardiology followup since his surgery.; There has not been any treatment or conservative therapy.; Fatigue.;Coronary artery disease without significant angina.;Preoperative workup.;Heart murmur;Hypertension.;Hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Syncope.;Fatigue.;Chest discomfort.;Occasional visual changes.;Coronary artery disease.;Status post stenting to the RCA in October of 2018.;Hypertension.;Dyslipidemia.;Tobacco dependence.; MEDICATION THERAPY, HISTORY OF PTCA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist,Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; JANUARY 2019; It is not known if there has been any treatment or conservative therapy.; She does have some sharp, stabbing type pain around her knee on the right side. She states she is under a lot of stress taking care of her demented mother but she has begun to have chest pressure. This pressures lasts for about 10 minutes when it occurs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	01. Essential hypertension;02. Other chest pain;03. Palpitations;04. SOB (shortness of breath);1. Chest pain. Note typical and atypical features. ;2. Bradycardia. Reports episodes of dizziness and near syncope. ;3. Hypertension. Elevated today. Rece; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/03/19; There has not been any treatment or conservative therapy.; Hypertension;chest pain;palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	01. Obesity, unspecified;02. Coronary arteriosclerosis in native artery;03. Essential hypertension;04. Mixed hyperlipidemia;1. Chest pain with abnormal calcium score.;2. Abdominal pain. recommend f/u with pcp;3. ATAA 4.2cm per echo July 2018;4. H; This study is being ordered for Vascular Disease.; 05/22/2013; There has not been any treatment or conservative therapy.; CAD;htn;chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	52-year-old white male, chronic smoker with history of CAD, status post PCI to mid to distal LAD in 01/2014 (he has residual 50% D2 branch, 25% RCA and ulcerative plaque with 40% lesion in the RPL at that time), hypertension, and hyperlipidemia, unable to; This study is being ordered for trauma or injury.; 07/16/2019; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	CABG in 2009;last Echo in 2011;hyperlipidemia & Damp; HTN; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Chest pain and Abnormal Ekg; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	chest pain and palpitations. Patient has been complaining of intermittent episodes of chest pain, 4 out of 10 in intensity, no radiation, sometimes related to exertion. Also complains of intermittent palpitations. She also remains of dizziness and lighthe; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approx. 1 yr ago; There has been treatment or conservative therapy; Lightheadedness and dizziness Cardiovascular: palpitations, chest pain on exertion, and shortness of breath when walking and no shortness of breath when lying down.get treadmill stress echo cardiogram to elevate for ischemia; had echo, ekg and was started on digoxin which she no longer takes and was presceibed by another cardiologist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	

Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Chest pain with shortness of breath heart skipping and HTN pt has pain in neck and down arm.; This study is being ordered for Vascular Disease.; Unknown 7/2/19 when pt seen Dr for these symptoms; It is not known if there has been any treatment or conservative therapy.; Chest pain with shortness of breath heart skipping and HTN pt has pain in neck and down arm.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	EKG;INDICATION: Shortness of breath.;FINDINGS: Sinus rhythm with a right bundle branch block, ventricular rate 74 bpm, otherwise no significant ST-T wave changes noted. No prior EKGs present for comparison.;;ASSESSMENT;Shortness of breath.;Chest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; CHIEF COMPLAINT;Shortness of breath with exertion; JHISTORY OF PRESENT ILLNESS;Paul Sakowsky is a 54-year-old gentleman, here at the request of Kristie Branscum, APN for consultation and diagnostic testing, as needed. He has hypertension, chronic veno; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	episodes of retrosternal chest discomfort, 4 out of 10 in intensity, not always related to exertion occasionally radiating to the neck. Denies any shortness of breath. Also complains of intermittent palpitations which happens 1-2 times every month.;ROSwn; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; intermittent episodes of retrosternal chest discomfort, 4 out of 10 in intensity, not always related to exertion occasionally radiating to the neck. Denies any shortness of breath. Also complains of intermittent palpitations which happens 1-2 times every; it is not known if there has been any treatment or conservative therapy.; RETROSTERNAL CHEST PAIN WITH EXERTION OCCASIONALLY RADIATING INTO NECK, 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
	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		EVALUATE THE HEART FOR THE CONG. EFFECT; This study is being ordered for Congenital Anomaly.; OVER 20 YEARS AGO; There has been treatment or conservative therapy.; FATIGUE A TYPICAL CHEST DISCOMFORT; BP MEDS 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	1
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	Increased shortness of breath with orthopnea and bilateral lower extremity edema, clinical picture consistent with acute heart failure, unknown if systolic versus diastolic, currently awaiting patient undergo echocardiogram and stress test; This study is being ordered for Vascular Disease.; 07/11/2019; There has been treatment or conservative therapy.; Chest pain, SOB, bilateral leg edema; 08/01/2019; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	needs risk stratify by ischemic evaluation. she was recommend to avoid driving 6 months due to 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
Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	no prev. cad. weakness, htn, sinus bradycardia, pvd, nicotine dependence; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chest pain, shortness of breath, dizziness AND PALPITATIONS. has been complaining of episodes of palpitations which he describes as skipped beats and racing of his heart lasting for 10-15 minutes. He first started having the symptoms last year for couple; It is not known if there has been any treatment or conservative therapy; Chest pain, shortness of breath, dizziness AND PALPITATIONS. has been complaining of episodes of palpitations which he describes as skipped beats and racing of his heart lasting for 10-15 minutes. He first started having the symptoms last year for couple; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
	Disapproval Disapproval Disapproval	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (SUDY Extoo-ordingraphy, treathoracts, road-sine, with image discoverance complete, between controlling who provided in the control complete, between controlling who provided controlling who provid

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 complains of palpatations and dizziness.; This study is being ordered for Vascular Disease.; 6/26/2019; There has been treatment or conservative therapy.; chest pain, shortness of breath, fatigue, decreased ef;, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient seems to be doing fairly well at this point. Recent PFTs exhibit improvement in we; discussed positive implications. Patient strongly encouraged to maintain lifestyle modifications in hopes of; improving metabolism and reverse plaque development.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	PT HAVING ELEVATED BP DESPITE MEDICATIONS, PALPITATIONS AND EPISODES OF CHEST PAIN PRESSURE TYPE WITH RADIATION TO THE LEFT ARM, ALSO SOB. ECG SHOWS TACYCARDIA. FORMER SMOKER, QUIT AGE 34. NO HX OF CAD, HAS FM HX OF CVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	recent chest pain, normal troponin, myo 78452 done 8/3/2015 neg. for reversible ischemia. ef was 72. now having chest pain, sob with exertion and leg pain-claudication. hyperlipidemia, htn, no diabetes, ex-smoker, quit 6-8 months ago. normal ekg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Recent stress with roof leaking and all new hardwood floors last week. Husband continues to struggle with Parkinson's but is participating in Rock Steady Boxing. His dementia appears to be a bit worse. She has retired secondary to necessary caregiving; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	referral from Dr. Woodworth for an abnormal EKG and pre op clearance of an umbilical hernia; This study is 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; This is a MERCY CLINIC CARDIOLOGY ROGERS evaluation of Charles R Bonner Jr. is a 55 y.o. male who is a known case of preop eval for umbilical hernia. he describes dyspnea on minimal exertion which is progressively getting worse associated with fatigue we; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	short of breath dressing/undressing;Will get nuclear stress test and 2-D echo cardiogram to evaluate for ischemia.; This study is 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 started in april 2019, seen PCP 06/25/2019 HAVING CHEST PAIN AND SOB; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN AND SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
Cardiology	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	SOB, COPD, SMOKER, CHRONIC FATIGUE, MORBID OBESITY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; LASST FEW MONTHS SEEN PCP 07/09/2019 FOR THIS; There has been treatment or conservative therapy.; SOB, ARM PAIN W NUMBNESS; INHALER FOR SOB, EKG NL, UNABLE TO WALK ANY DISTANCE W/O GETTING SOB ALSO SWEATING W ARM NUMBNESS REPORTED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	The patient has a history of hypertension and blood pressures are well controlled on; current medical therapy. She does admit to dyspnea on exertion-likely multifactorial and we do wonder about; deconditioning. We encouraged her to continue exercising as; This a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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.	3
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	5
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of 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) indicative of heart disease.; The patient has shortness of breath; known or suspected valve disease.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1
Cardiology	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 Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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 evaluation of new or changing symptoms of valve disease.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography.	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 01/01/2017; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, chest pressure with anxiety; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; New Patient eval was 06/20/2019. Pt reports symptoms are new onset.; There has not been any treatment or conservative therapy.; Chest Pain, SOB, Palpitations, 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
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.; YEAR 2017; There has not been any treatment or conservative therapy; Chest pain.; Shortness of breath.; Palpitations.; Bilateral carotid bruits.; Claudication of bilateral lower extremities.; Hypertension.; Hyperlipidemia.; Ongoing tobacco use.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; 2016; There has been treatment or conservative therapy.; CP episodes which knock pt to knees along with nausea and vomiting. Past Hx of MI.; Pt is taking statin to reduce arteriosclerosis and is also on BP medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	WILL FAX ADDITIONAL INFORMATION.; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CORONARY ARTERY DISEASE; CHEST PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		WILL FAX CLINICAL DOCUMENTS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	1
Cardiology	Disapproval	echocardiography	Radiology Services Denied Not Medically Necessary	Radiation Oncology	

Cardiology	Disapproval	documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced	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.	2
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 93350 Echocardiography, transthoracic, real-time with image	Radiology Services Denied Not Medically Necessary	The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; He has known coronary artery disease. Bypass surgery was many years ago. He was cath a year ago. He had a occlusion of the LAD with bypass graft that was occluded.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	1
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; Atherosclerotic heart disease of native coronary artery without angina pectoris, presence of aortocornary bypass graft, sick sinus syndrome and right bundle branch block.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	1
Cardiology	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	Radiology Services Denied Not Medically Necessary	The patient is not 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
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Mr. Greenwood had two-vessel angioplasty after he developed syncopal episode while playing basketball. He has CAD.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease; The CAD diagnosis was esablished 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
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	EVALUATE THE HEART FOR THE CONG. EFFECT; This study is being ordered for Congenital Anomaly.; OVER 20 YEARS AGO; There has been treatment or conservative therapy; FATIGUE A TYPICAL CHEST DISCOMFORT; BP MEDS 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
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Syncope.;Fatigue.;Chest discomfort.;Occasional visual changes. ;Coronary artery disease.;Status post stenting to the RCA in October of 2018.;Hypertension.;Dyslipidemia.;Tobacco dependence.; MEDICATION THERAPY, HISTORY OF PTCA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report.	Radiology Services Denied Not Medically Necessary	; This study is 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 - Between 1 and 4 weeks ago; 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, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation		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
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 FAX 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; NECK PAIN; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	will fax clinical documents; This study is being 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; One of the studies being ordered is NOT a Breast NRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

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		93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were	8
Cardiology	Disapproval	treadmill, bicycle exercise and/or pharmacologically induced	Radiology Services Denied Not Medically Necessary	selected; The member does not have known or suspected coronary artery disease	
		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 Left Ventricular Function.; The patient has a history of	1
Cardiology	Withdrawal	echocardiography		hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	
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; 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?; It is not known if the patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.	1
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new	2
Chiropractic Medicine	Approval	and contents, lumbar; without contrast material		or changing neurologic signs or symptoms.; The patient does have a new foot drop. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have	
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or	1
Chiropractic Medicine	Approval	and contents, lumbar; without contrast material		changing neurologic signs or symptoms.; The patient does have a new foot drop.	
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		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	1
Chiropractic Medicine	Approval	and contents, lumbar; without contrast material		analgesics.; The patient has completed 6 weeks or more of Chiropractic care. The pain is described as chronic; The member has failed a 4 week course of conservative	
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Chiropractic Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee; Locking	1
Chiropractic Medicine	Approvai	Tollowed by contrast material(s) and further sequences		the knee.; Locking	
Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	recent x-rays; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/13/2018; There has been treatment or conservative therapy.; rotator cuff tearcervical disc herniation; PT medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Chinasa ati a Madinia	Discount	73221 Magnetic resonance (eg, proton) imaging, any joint of	Redictor Control Desired Not Medicully Newson	recent x-rays; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 6/13/2018; There has been treatment or conservative therapy; rotator cuff tearcervical disc herniation; PT medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT	1
Chiropractic Medicine	Disapproval	upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass	
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		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
				initial staging 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,	1
Colon & Rectal Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
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Colon & Rectal Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	initial staging 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
Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is 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
Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		L-spine X-ray (10/3/18): Severe multilevel disc degeneration and left convex lumbar scoliosis as before. No evidence of acute lumbar spine injury;; After exam and discussion with patient, I believe that the pt is a good candidate for the SCS trial. We w; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		Pt states that she has numbness in left leg down to foot. Pt states that bending makes the pain worse and it feels like an electrical shock. Pt states she is experience pain during back extension; The study 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
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; 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
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.; 06/29/2019; There has been treatment or conservative therapy.; pain; Medication and Home Exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is currently taking Flexeril 10 mg TID#90 PRN until imaging is completed to determined additional treatment; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has had chronic back and neck pain prior to becoming a patient of Arkansas Spine and Pain 7/31/2019.; There has been treatment or conservative therapy.; Patient is a pleasant who presents today with c/o neck and back pain with left leg numbness and left arm numbness all the way to foot and hands severely.; Patient has tried and fail Physical Therapy prior to 7/31/2019.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 06/29/2019; There has been treatment or conservative therapy; pain; Medication and Home Exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is currently taking Flexeril 10 mg TID#90 PRN until imaging is completed to determined additional treatment; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has had chronic back and neck pain prior to becoming a patient of Arkansas Spine and Pain 7/31/2019.; There has been treatment or conservative therapy.; Patient is a pleasant who presents today with c/o neck and back pain with left leg numbness and left arm numbness all the way to foot and hands severely.; Patient has tried and fail Physical Therapy prior to 7/31/2019.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; 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 or had a spine injection	1
Doctors and Rehabilitation	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		paysions aspectively interest and the pass of months and the point is helping; 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
Emergency 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 had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
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 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
Emergency 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
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; 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
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		Diabetic, previous wounds that were hard to heal; 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
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	1
Emergency Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		; This is a requests for a hip MRI.; 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
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		ABDOMINAL PAIN, RLQ PAIN, DIARRHEA, NAUSEA, VOMITING, SOFT ABDD, BS + TTP IN RLQ, REBOUND TENDERNESS, GUARDING IN RLQ; R/O: APPENDICITIS; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study),; This is 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

Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	2
Emergency Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; 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
Emergency Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1
Emergency Medicine	Disapproval	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 Inflammatory/ Infectious Disease.; 8/9/2019; There has been treatment or conservative therapy.; pain; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Emergency Medicine	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 Inflammatory/ Infectious Disease.; 8/9/2019; There has been treatment or conservative therapy.; pain; 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
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study	1
Emergency Medicine Emergency Medicine	Disapproval	and contents, lumbar; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	is being requested for None of the above This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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
		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest		chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery	1
Emergency Medicine Emergency Medicine	Disapproval	or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	known CAD; 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
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Padialam Saniras Danied 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
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		wheezing and coughing fatigue; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Emergency Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease:; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease:; The abnormal symptom, condition or evaluation is not known or unlisted above.	1

Emergency Medicine	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.; The murmur is grade III (3) or greater.	1
Endocrinology	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	2
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Thyroid Nodules and history of partial thyroidectomy. Patient doing okay today but states that she is 'having a problem' on the right side of her neck. Points to the base of her neck on the right side. States that food is 'getting stuck' there when she; 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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (includin	3	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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3	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
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3	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
Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material		Unexplained unintentional weight loss.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is newly diagnosed.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for 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 Diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT	1
Endocrinology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	1
- 1		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG	1
Endocrinology	Approval	and anatomical localization imaging; whole body		(fluorodeoxyglucose)	

Endocrinology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; The patient had a thyroidectomy and radioiodine ablation.; The patient has a serum thyroglobulin level greater than 10ng/mL; The patient had a negative whole body I-131 scan.; 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
Endocrinology	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 Heart Failure; This is for the initial evaluation of heart failure.	1
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	2
Endocrinology	Approval	performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Pulmonary Hypertension.	
Endocrinology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; The patient had a thyroidectomy and radioiodine ablation.; The patient does NOT have a serum thyroglobulin level greater than 10ng/mL; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Gastroenterology	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
		70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and			1
Gastroenterology Gastroenterology	Approval Approval	image postprocessing 71250 Computed tomography, thorax; without contrast material		Yes, this is a request for CT Angiography of the brain. A C, thest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approvai	material		request for a Diagnostic Ci	
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		EDG was done and biopsy of the mass came back Edina carcinoma moderately differentiate. Gastric pain; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		CHRONES; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
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
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Liver lesions found on ultrasound in right lobe of liver measuring 2.14x2.0x2.2 cm and 6.0x5.1x5.7cm. Radiologist recommended triphase CT; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Patient has active hepatitis C and has an abnormal AFP level of 27.4 with elevated liver enzymes of 182/90/145; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		Rule out liver cancer vs hemangioma; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		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
Gasti deliterology	Арргочаг	IIIatcilai		res tills is a request for a Diagnostic Ci	

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	3
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for 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	2
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Tina Ragan is seen for an initial visit today. The patient complains of abdominal pain. Symptoms began a few months ago. It is localized as epigastric region and right upper quadrant pain. It is detailed as severe in nature. Pain quality is describe; This is a request for an Abdomen CT.; This study is being ordered for an infection such ancreatitis, appendicitis, abscess, collits 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
		74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if		1
Gastroenterology	Approval	performed, and image postprocessing 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed,	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Gastroenterology	Approval	and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for ronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	6 MONTH FOLOW UP FOR NAUSEA, RUQ PAIN, CIRRHOSIS, DIARRHEA, IBS, FATTY LIVER, INTERSTITIAL LUNG DISEASE; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	8/20/15 -The patient complains of abdominal pain. Symptoms began 1 - 3 years ago. It is localized as epigastric region pain. It is detailed as severe in nature. Pain quality is described as knife-like. It also radiates to the left upper quadrant. Di; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain, pain has occurred for over 2 months, once or several times a day. Pain may last 10 - 45 min.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abn. ultrasound. Noted had fatty infiltration of liver mild stlenomegaly, sm. renal sist, mild gallbladder sluge;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CONTINUING ABDOMINAL PAINHX DIVERTICULITIS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	doctor looking epiploic appendagitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient complaining of abd pain, excessive belching, constipation and gerd;. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient complaining of RLQ abdominal pain that she describes as sharp and with burning sensation. She also complainins of nausea, vertigo, fatigue.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has complaints of LLQ abdominal pain, nausea, vomiting, weight loss.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has constipation. R/O intestinal blockage.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient loss 60lbs since 02/2019, nausea heartburn, and fatigue .; This is a request for an abdomen- pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint; it is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	possible cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 01/2019; There has not been any treatment or conservative therapy; ibs, weight loss, possible cancer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CTI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt. still having abd (lower)pain and vomiting. US pelvis done 7/1/19 shows 4.8 x 4.4 x 5.1 cm complex cyst right ovary. ;Now I see that she had a surgery to remove the cyst 6/21/19 and still c/o pain in the lower abd. with nausea and vomiting. ;colono; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RECTAL BLEEDING; ABDOMINAL PAIN LLQ; FECAL INCONTINENCE; VOMITING; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	reports history of pancreatic cancer in the brother at age 46 and father at more than 60 years of age; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	REQUESTING CT ABD AND PEL TO EVALUATE AND TREAT DIARRHEA. PT HAS A NORMAL COLON.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Ruling out crones disease; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal. The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	THIS PT PRESENTS WITH ABD PAIN AND ABNORMAL WEIGHT LOSS. REQUESTING CT SCAN TO EVALUATE AND TREAT,; This is a request for an abdomen-pelvis CT combination;; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been a physical exam.; The patient is 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
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	To rule out Diverticulitis.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first wisit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Upper gastric pain, right lower quadrant pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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
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 being ordered for suspicious mass or suspected tumor/ metastasis.; It is unknown if the patient 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
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 preoperative evaluation.	1

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	60-year-old male with cirrhosis felt to be from prior alcohol and hepatitis C. He was treated for hepatitis C this year and apparently was told it was gone. He had a CT scan done which revealed a 3 cm mass in the inferior margin of the right lobe and evid; 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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Abd and chest pain, nausea no vomiting; 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
Controller	AI	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	CHRONES; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology Gastroenterology	Approval Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	exam is needed for follow up of liver cyst and a polyp of the gallbladder.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	possible cancer or 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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	REQUESTING FOLLOW-UP MRI WITH ,RCP WITH CYST ON PACREAS.; This request is for an Abdomen MRI.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1
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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	2
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is being ordered for 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
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	5
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	cannot get through colon on colonoscopy blockage; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
		74261 Computed tomographic (CT) colonography, diagnostic,	COLONSCOPE WAS UNABLE TO ADVANCE TO THE REGION OF THE MID TRANVERSE COLON. REQUESTING CT COLON TO EVALUATE AND TREAT.; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies	1
Gastroenterology	Approval Approval	including image postprocessing; without contrast material 74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	completed prior to this request. There is a risk with sedation, stage four kidney disease; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	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 Pulmonary Hypertension.	1
		S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	HX PANCREATITIS CURRENT L UPPER QUAD PAIN W/NAUSEA; This is a request for MRCP.; There is	1
Gastroenterology	Approval	(MRCP)	no reason why the patient cannot have an ERCP.	

Gastroenterology Gastroenterology	Approval Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		referred for eval of nausea, vomiting, diarrhea. hospitalized in 2016 for pancreatitis w/complications of pneumonia. had g-tube/drain placement.In 2017 had cholescystectomy, multiple endoscopies, and gastric ulcers.Family hx of pancreatic xr; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2016; There has been treatment or conservative therapy.; referred for eval of nausea, vomiting, diarrhea; had g-tube/drain placement. and is on 2x daily PPI and Carafate. Zofran for nausea for 250-180 lb 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 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
Gastroenterology	Approval	(MRCP)		undergone unsuccessful ERCP and requires further evaluation.	1
Gastroenterology	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 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
Gastroenterology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	possible cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2019; There has not been any treatment or conservative therapy.; ibs, weight loss, possible cancer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Signs of increased intracranial pressure (such as fundascopic exam); Intermittent nausea/ vomiting, intermittent numbness and tingling of extremities, evaluate for space occupying lesion; This is a request for a brain/head CT; The study is being requested for evaluation of a headache; The headache is described as sudden and severe; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		71250 Computed tomography, thorax; without contrast		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Gastroenterology	Disapproval	material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI. ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Strong family history of pancreatic cancer father and brother.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/23/19; There has not been any treatment or conservative therapy.; unintentional weight loss, iron deficiency; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	referred for eval of nausea, vomiting, diarrhea. hospitalized in 2016 for pancreatitis w/complications of pneumonia. had g-tube/drain placement.In 2017 had cholescystectomy, multiple endoscopies, and gastric ulcers.Family hx of pancreatic cxr; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2016; There has been treatment or conservative therapy; referred for eval of nausea, vomiting, diarrhea; had g-tube/drain placement. and is on 2x daily PPI and Carafate. Zofran for nausea for 250-180 lb 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
		74175 Computed tomographic angiography, abdomen, with			
		contrast material(s), including noncontrast images, if performed,			1
Gastroenterology	Disapproval	and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >None; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	a 54-year-old male complaining of left upper quadrant pain that gets worse when he bends over. He has not had any endoscopy or imaging. He denies any blood in his stool. Patient has also never had a screening colonoscopy. Patient has hepatitis C is appare; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal pain and chronic left sided discomfort; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology		74176 Computed tomography, abdomen and pelvis; without		Abdominal Ultrasound showed a 2cm mass in patient pancreas. Radiologist advised getting CT A/P with and without contrast for further evaluation.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for 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	1
Gastroenterology	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	Diagnostic CT	
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	family history of irritable bowel syndrome. R/O Diverticulitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	left lower quadrant pain. ct scan ab/pel needed to rule out diverticulits and ovarian cyst.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first 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
Castachicatory	ызарргота	74176 Computed tomography, abdomen and pelvis; without	income, income in the income,	NODULE FOUND DURING COLONOSCOPY; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a	1
Gastroenterology	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	Diagnostic CT	
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has lost over 90lbs over this past year; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Strong family history of pancreatic cancer father and brother.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The doctor wants to see if the patient has liver tumors.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/23/19; There has not been any treatment or conservative therapy.; unintentional weight loss, iron deficiency; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		74181 Magnetic resonance (eg, proton) imaging, abdomen;		; This study is being ordered for Inflammatory/ Infectious Disease.; 06/02/2019; There has been treatment or conservative therapy.; abdominal pain nausea vomiting and diarrhea; Patient was treated with IV fluid hydration, and amylase and lipase have returned to normal limits. Patient is also tolerating diet without elevation in amylase and lipase and without nausea and vomiting or diarrhea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	1
Gastroenterology	Disapproval	without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen;	Radiology Services Denied Not Medically Necessary	Surgery, Oncology, Surgical Oncology or Radiation Oncology This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase	1
Gastroenterology	Disapproval	without contrast material(s) 93307 Echocardiography, transthoracic, real-time with image	Radiology Services Denied Not Medically Necessary	abnormality was noted.	4
Gastroenterology	Disapproval	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.; The member is 11 or older.; The ordering provider is NOT a Cardiac Surgeon, Cardiologist, Thoracic Surgeon or Hematologist/Oncologist; This study is being ordered for follow-up to a prior test.	1
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East account rice - 9" high inflammed in this office. This is a recent for a brishhood CT. The defining frame of the common of			(MRCP)	treatment or conservative therapy.; abdominal pain nausea vomiting and diarrhea; Patient was treated with IV fluid hydration, and amylase and lipase have returned to normal limits. Patient is also tolerating diet without elevation in amylase and lipase and without nausea and vomiting or diarrhea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
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General/Family Practice Approval Approv	General/Family Practice	Approval		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 rinjury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or	1
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The headache is described as sudden and severe. The patient does not have dizziness, one sided am or leg weakness, the inability to speak, or vision changes; The patient does not have dizziness, fatigue or malaties, sudden changes in mental status, bell's paky, Congenial abnormality, loss of smell, hearing loss or vertigor. This study is being ordered for something other than trauma or injury, evaluation of have makens, the study is period or an everyon, infection or inflammation, multiple sclerosis or seizures. 3 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 an everyon, infection or inflammation, multiple sclerosis or seizures. 3 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 an everyon, infection or inflammation, multiple sclerosis or seizures. 4 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 has a sudden changes, There for a by checkby one supple high at last vist. Suspect white coatches is very amountable a	General/Family Practice	Approval		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	1
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; 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 injuny, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation inflammation, multiple sclerosis or seizures. 370450 Computed tomography, head or brain; without contrast inflammation inflammation. 370450 Computed tomography, head or brain; without contrast inflammation inflammation inflammation inflammation. 370450 Computed tomography, head or brain; without contrast inflammation in	General/Family Practice	Approval		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,	1
Approval material 70450 Computed tomography, head or brain; without contrast headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; Pt is here for a bp check; bp was quite high at last visit; Suspect white coat; She is very anxious; Had a shuffling gait; Aby Steleping well due to stress; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI;, The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Burred visionheadaches after trauma 10 days ago; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. General/Family Practice Approval			70450 Computed tomography, head or brain; without contrast	; 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	1
conservative therapy.; Pt is here for a bp check;bp was quite high at last visit;Suspect white coat;She is very anxious;Had a shuffling gait;And seemed sleepy,Not sleeping well due to stress; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist, Oncology, Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation of a beadache; 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. Disoriented, headache, confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache,: The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic without contrast patient has dizziness.) The patient had a recent onset (within the last 4 weeks) of neurologic vertically in the last 4 weeks) of neurologic vertically in the last 4 weeks of neurologic vertically in	General/Family Practice	Approval		headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks)	1
is being requested for evaluation of a headache.; The headache is described as sudden and severe.; 70450 Computed tomography, head or brain; without contrast General/Family Practice Approval Approval Approval Approval Disoriented, headache, confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache, confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache, confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache, confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache, confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.	General/Family Practice	Approval		conservative therapy.; Pt is here for a bp check;bp was quite high at last visit;Suspect white coat;She is very anxious;Had a shuffling gait;And seemed sleepy;Not sleeping well due to stress; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
requested for evaluation of a headache.; The headache is described as sudden and severe.; The 70450 Computed tomography, head or brain; without contrast patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic	General/Family Practice	Approval		is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
	General/Family Practice	Approval		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	1

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In UMs. Gill is a 66 year old female that presents to the clinic for follow-up evaluation of ER follow-up for dizziness, heart palpitations, and headaches.nknown 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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type Inhere for complaints of pain to the top of the head for the past 1-2 years, getting worse over the past several months, feeling like head is about to explode at times, nothing helping otc at this time, no help with BC powder a; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	H/a started 10 days ago and moves in location, blurred vision, pain is severe.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Headache is throbbing and pounding. Symptoms include confusion and vision disturbances.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Headaches are getting worse, causing hands to get numb; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Here today with a complaint of a sharp pain in his forehead. He states the pain comes on and last intensely for about 5 minutes before it relieves. Is changes in his vision at this time. He states the pain hurts at about a level 10. He denies injury r; 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 had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	memory decline; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Ms. WILLIAMS presents with a diagnosis of migraine with aura, not intractable, with status migrainosus. This was diagnosed yesterday. The course has been progressively worsening. fell and injured L cheek area. Not better, still dizzy and nauseated; 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
		70450 Computed tomography, head or brain; without contrast	none; This is a request for a brain/head CT.; The study is being requested for evaluation of a	1
General/Family Practice General/Family Practice	Approval Approval	material 70450 Computed tomography, head or brain; without contrast material	headache; The headache is described as chronic or recurring. patient c/o headache after physical assault. was punched numerous times about the head.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Patient has chronic fatigue, mental status change and dizziness.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	plastic surgery (eye lift) on eyes 7/18/19, concerned h/a may be associated w/surgery; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Pt complains of worst headache of her life on exertion with associated chest 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 sudden and severe, The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	She reports daily headaches for one month. She will have a headache on the right side of head with blurred vision and nausea. The headache is severe and will come and go throughout the day. She reports that it happens daily.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	She's had double vison and she has almost passed out with 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 dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Syncope; 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

		70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I	
General/Family Practice	Approval	material	have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	2
General/Family Practice	Approval	70450 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
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	3
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	3
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	2
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	1
Consul (Sanily Province	AI	70450 Computed tomography, head or brain; without contrast material	This study is being ordered for Vascular Disease.; Patient says 3 months ago, but this is the first doctor's visit.; There has not been any treatment or conservative therapy.; Face tingling, mass on neck, left ear pain, goes down into throat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	1
General/Family Practice General/Family Practice	Approval Approval	70450 Computed tomography, head or brain; without contrast material	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Vitamins 393 on the low side. MMSET 26/30 his wife said that he is worsening with his memory.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material		1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Ceneral/Fulling Fractice	Арргочи		requestion a singlification of	

General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	CHRONIC MAXILLARY SINUSTITS;CHRONIC FRONTAL SINUSTITS;CHRONIC ETHMOIDAL SINUSTITS;NASAL OBSTRUCTION; DEVIATED SEPTUM; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Nose: sinus problems (chronic, requests referral to ENT); This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient has had chest congestion, cough, shortness of breath, and wheezing.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	She continues to have B/L orbital hyperpigmentation and swelling with eye discharge. We have tried allergy medications and antibiotics without relief.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70486 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
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	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	3
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	3cm right side of neck mass, solitary, afibrile; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	currently being treated for breast cancer, mass is concerned for metastatic disease; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	HAD AN ULTRASOUND THAT SHOWED MEASURMENTS AND RECOMMENED NECK CT; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1

Lymphadenopathy; This is a request for neck soft tissue CT.; The patient has a neck lump or not a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass or lump.; The size of the neck mass is unknown.; The neck mass or lump. The size of the neck mass is unknown.; The neck mass or lump. The size of the neck mass is unknown.; The neck mass or lump.; The size of the neck mass or lump.; The size of the neck mass is unknown.; The neck mass or lump.; The size of the neck mass or lump.; The size of the neck mass or lump.; The size of the neck mass or lump.; The neck mass or lump.; The size of the neck mass or lump.; The neck mass or lump.; The size of the neck mass or lump. The size of the neck mass or lum	as 1
neck lump; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; Th 70490 Computed tomography, soft tissue neck; without palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT I General/Family Practice Approval contrast material examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	
Neck mass, pain in thigh; This study is being ordered for a metastatic disease.; There are 2 ex are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EE 70490 Computed tomography, soft tissue neck; without MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncolog General/Family Practice Approval contrast material Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	Г, 1
Patient c/o chronic sore throat, onset 08/22/2019, patient treated with oral antibiotics twice 08/22/2019 and 09/13/2019. Today patient presented to office today with c/o dysphagia. Phy performed physical examination, noted hypertrophy of tonsils; This is a request for neck soft to 70490 Computed tomography, soft tissue neck; without CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection abscess.; Yes this is a request for a Diagnostic CT	cian sue
Patient with neck mass, patient had an ultrasound of the neck with shows a 4.5x3.3s4.3 cm or mass to the right of midline. A CT neck soft tissue with contrast is recommended by radiologis further evaluation; This is a request for neck soft tissue CT.; The patient has a neck lump or m 70490 Computed tomography, soft tissue neck; without There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspir was NOT done.; Yes this is a request for a Diagnostic CT	or ss.;
Pt has a large area in her throat extremely soar throat, swollen tonsils, fever, recent treatment strep, swelling in tonsil w/a horrible smell.; This is a request for neck soft tissue CT.; Surgery is 70490 Computed tomography, soft tissue neck; without scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this request for a Diagnostic CT	OT 1
See chart notes; This is a request for neck soft tissue CT.; The study is being ordered for some other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, General/Family Practice Approval contrast material suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnosti	- 1
70496 Computed tomographic angiography, head, with contrast Patient is falling, and passed out last night. The patient is also experiencing vision loss. These material(s), including noncontrast images, if performed, and General/Family Practice Approval image postprocessing Approval image postprocessing Approval image postprocessing	red 1
70498 Computed tomographic angiography, neck, with contrast Patient is falling, and passed out last night. The patient is also experiencing vision loss. These material(s), including noncontrast images, if performed, and symptoms have been going on for 6 weeks and are getting worse; One of the studies being or is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	red 1
ultrasound on June 17th.; This study is being ordered for a neurological disorder; 6-14-19; The not been any treatment or conservative therapy; syncope; One of the studies being ordered in a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs material(s), including noncontrast images, if performed, and specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and General/Family Practice Approval image postprocessing Yes, this is a request for CT Angiography of the Neck.	6
70540 Magnetic resonance (eg, proton) imaging, orbit, face, General/Family Practice Approval and/or neck; without contrast material(s) evaluation of lymphadenopathy or mass 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.; It is unknown	2
General/Family Practice Approval and/or neck; without contrast material(s) There is not a suspicion of an infection or abscess.; This examination is NOT being requested evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelit 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) General/Family Practice Approval Approv	.; 1
dizziness and weakness; This study is being ordered for a neurological disorder.; 8-15-19; The not been any treatment or conservative therapy; nausea, vomiting, chest pain,; One of the st being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical General/Family Practice Approval material(s)	lies 1
General/Family Practice Approval material(s) Oncougy or Nauration Oncougy 70544 Magnetic resonance angiography, head; without contrast General/Family Practice Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1

		70544 Magnetic resonance angiography, head; without contrast	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke	1
eneral/Family Practice	Approval	material(s)	or TIA within the past 2 weeks.; This is a request for a Brain MRA.	
neral/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	2
eneral/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient had carotid (neck) artery surgery.; This the first imaging after surgery.	1
neral/railing Practice	Арргочаг	inaterial(s)	aitei suigeiy.	
neral/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. >family history of aneusyms and dissection of the vertivo artery;; This 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
		70551 Magnetic resonance (eg, proton) imaging, brain (including	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a	1
eral/Family Practice	Approval	brain stem); without contrast material	Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	
eral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
neral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	7
neral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient 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
neral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
neral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
neral/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 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
neral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 06/03/2019; There has been treatment or conservative therapy.; Headache, neck pain; NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		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	1
neral/Family Practice	Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including	Unlisted CT/MRI. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The	
neral/Family Practice	Approval	brain stem); without contrast material	patient has a chronic or recurring headache.	4
neral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
neral/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 a sudden change in mental status.; It is unknown why this study is being ordered.	2
neral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	2
neral/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
eneral/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.; This study is being ordered for trauma or injury.	1

		70551 Magnetic resonance (eg, proton) imaging, brain (including	Abnormal imaging indicating possible small tumor; This request is for a Brain MRI; The study is being	1
General/Family Practice	Approval	brain stem); without contrast material	requested for evaluation of a headache.; The patient has a chronic or recurring headache.	
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Acute intractable headache with vision changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chief Complaint of Headache (still having problems with severe headaches and leg pain)Here with new headache, persistent. Present for several weeks. Occurring more days of the week than not.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chronic nonintractable headache, unspecified headache type; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Complains of odd feeling of intermittent tingling and numbness back of head. Feels brief "shocks" at times. Denies really having much of a headache. Denies neck pain. She says it has been going on for a week this time but has been an intermittent issue 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.; 07/19/2019 STARTED 1 WEEK PRIOT TO APPT ON 07/26/2019; It is not known if there has been any treatment or conservative therapy.; Complains of odd feeling of intermittent tingling and numbness back of head. Feels brief "shocks" at times. Denies really having much of a headache. Denies neck pain. She says it has been going on for a week this time but has been an intermittent issue 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
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	daily causing nausea; L eye twitches; clumsy; ; ibuprofen only; pain on top of head; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Disoriented, headache, confusion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	dizziness and weakness; This study is being ordered for a neurological disorder.; 8-15-19; There has not been any treatment or conservative therapy.; nausea, vomiting, chest pain,; One of the studies being ordered is NOT a Breast NRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	EVALUATE FOR C SPINAL CORD LESION; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Fainting, sleep walking, memory changes; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	HA chronic, severe with ext strabismus R orbit; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Has history of headaches, comes in for dizziness and is bothering her eyes. She has had multiple tick and mosquito bites; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	headache x 2 months, worst for the past 5 days; to evaluate; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MEMORY ISSUES.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Memory loss. Sudden. Patient had recent change in memory which coincided with urinary tract infection, and memory seem to improve with antibiotic course, but after completion of antibiotic course this seemed to get worse. Psychiatric/Behavioral: Positiv; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Migraine headache that is not relieved by prescription medication. Patient has been on Topamax, ibuprofen 800mg, and butalbital-acetaminophen-caffeine.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Neurological symptoms She is still having acute onset of double vision. She has been working with opthalmology on this but they require a clear MRI before she can get glasses. When she gets this double vision, she has dizziness along with it. This is; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	ONGOING CHANGE IN VISIONCOLOR CHANGESDECREASED ACUITYHEADACHES DAILYTWITCHING EYELID; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	ONSEST OF VISUAL CHANGES AND HEADACHE; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient complains of acute exacerbation of chronic headaches. Symptoms have been present for one week and include bilateral pain and pounding.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient experienced and episode of weakness, dizziness, and felt like she was going to pass out; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient had MRI in April of 2019 results stated she should have follow up in 4 to 6 months.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown if there has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has began experiencing dizziness along with her headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is having worst symptoms such dizziness, visual disturbance, and loss of balance.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is not responding to headache med. Patient is having intractable and vascular headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem): without contrast material	Patient was involved in a motor vehicle accident. Since the accident she has been having headaches. CT of brain was done in the emergency room which was normal.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pos catatonia and mental status changes, possible cva; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	positive romberg test and ataxia when walking heel-toe in clinic; 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) fourologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt complains of new memory loss and tremor.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PT HAS A HISTORY OF PITUITARY ADENOMA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pt has had a sudden onset of diplopia; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt has had numerous falls due to gait instability. Also complains of numbness and tingling in both lower extremities.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient has new symptoms.	1

			Pt is having double vision, headache, abnormal gait, and vertigo; This request is for a Brain MRI; The	
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt passed out in the shower; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt reports husband woke up and pt was unconscious and she woke up to paramedics in room. Pt does not remember anything. States she went to ER and they did not find anything wrong.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt states she hit her head a month ago and it still hurts. She states she hit it around the temple and it had a knot there; This request is for a Brain MRI; The study is being requested for evaluation of a headache; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt. has confusion and dizziness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Reviewed Problems; Disorder of lactation - Onset: 04/18/2019; Postoperative hypothyroidism - Onset: 04/18/2019; Vitals; None recorded; Medications; Reviewed Medications; Fish Oil 1,000 mg (120 mg-180 mg) capsule; Take 1 capsule(s) every day by oral route; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	ROS;Patient reports Fatigue but reports no fever, no night sweats, no significant weight gain, no significant weight loss, no exercise intolerance, and Appetite good. He reports no chest pain, no palpitations, and no known heart murmur; + edema; hx HTN; 7 This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She has had headaches almost daily for many years, starting after childbirth, when she also had Essure implanted. The headaches are on the vertex and parietal areas; with nausea but no photophobia, no pulsing quality. She has tinnitus and dizziness wit; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	SHUT FOLLOW UP; 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 study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	SUDDEN CHANGE IN MENTAL STATUS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The patient recently collapsed and has dizziness along with the visual changes. The MRI is to rule out it was caused by a stroke and TIA. The patient is also having headaches; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has NOT been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	2
General/Family Practice	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	3
General/Family Practice General/Family Practice	Approval Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	requested this test. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	13
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	5

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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).	2
		70551 Magnetic resonance (eg, proton) imaging, brain (including	symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being	2
General/Family Practice	Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including	ordered for stroke or TIA (transient ischemic attack). This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This	5
General/Family Practice	Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including	study is being ordered for a tumor. This request is for a Brain MBI: The study is NOT being requested for evaluation of a headache. This	4
General/Family Practice	Approval	brain stem); without contrast material	study is being ordered for and infection or inflammation. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include one sided arm or leg weakness.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	5
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	2
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	worsening headaches w vomiting, unresponsive to meds, loss of balance, syncope,; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection." There is radiologic evidence of a lung aboses or empyema. It is unknown if there is	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	10
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days." They had a newjous Chest y cay - A Chest / Thorax CT is	1

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	3
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 has a 30 pack per year history of smoking.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	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.; 04/19/2018; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	3
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	3
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
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.; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	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.; 4 months ago; There has been treatment or conservative therapy.; pt is having chromic cough. coughing for 4 months. Pt has hoarseness and 30 pack per year habit of smoking; 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, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN and Malignant neoplasm of overlapping sites of unspecified female breast; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	2.5 cm ovoid density right upper lobe - chronic parenchymal and degenerative changes -; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	3 month followup on known lung nodule recommended by the radiologist.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	6
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest xray showed prominence of hilum, patient has a cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	bypass; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest xray showed pulmonary nodule in Right lobe. Follow up was 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 Y-Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	COPD. persistent pneomonia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	cough for 2 weeks, asthma with smoking involved, HX of family lung cncer; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unthe patient has abnormal findings on cxr with the chronic cough, ct of chest to rule out metastatic process vs copdknown If No Info Given.; It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	HISTORY OF 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	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Incidental finding on Thoracic spine CT on 09/03/19. Non diagnostic and need CT Chest for further evaluation: ,impression on CT Thoracic spine noted that there is an incidental focus of ground-glass opacity in the left upper lobe. Follow up CT in 8 to 12; A Chest/Thorax CT is being ordered.; The study is being ordered for non of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	MASS NOTED ON X-RAYNEED MORE DEFINITIVE STUDIES TO EVALUATE FOR 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	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	none; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

		71250 Computed tomography, thorax; without contrast material	Patient has abnormality on chest xr on 9/9/2019 and 7/15/2019. XR reveals large mass in mediastinum R/O large hiatal hernia v. aortic aneurysm. Pt also c/o cough.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice General/Family Practice	Approval Approval	71250 Computed tomography, thorax; without contrast material	PATIENT IS HAVING CHEST PAIN AND A 1.1CM LUNG NODULE IS PRESENT ON CHEST XR.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	plueral effusion sob copd atelectasis; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt has a lung cancer screening in Feb and showed that Pt had a 6.1mm nodule in the right lower lobe. Calcified nodes in the medium signum. MD want this repeated to see if the 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	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt presented w/cough, SOB. chest xray shows a right perihilar abnormality. Possible mass versus infiltrate. need Ct to determine; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt seen Lung specialist and the Specialist suggested this test be 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	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	pt with severe pain over left ribs needing ct for further evaluation.; 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	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	pt. states f/u today on her coughing, she was getting better while she was on her antibiotics but it has gotten worse again. Completed 7 days of Levaquin. Cough worse at night. Has kept her up at night for the past 2 months; There is no radiologic evidence of asbestosis; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	r/o 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	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	right chest nodule unable to identify on xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	right middle lobe thickening, abnormal cxr; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	solitary nodule of lung;as the patient has the scarring to the chest with history of smoking, ct to rule out malignancy of the lung vs copd scarring; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is 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	1

		71250 Computed tomography, thorax; without contrast	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	2
General/Family Practice	Approval	material	a Diagnostic CT	
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The request is for a chest, thoracic or sterno-clavicular joint CT.; "There is not a nodule,coin lesion or other lung mass.cxct"; This examination is not being ordered for persistent lung infiltrate or pneumonia.; This study is not being requested prior to surgery or as part of lung biopsy.; "There is suspicion of tumor, neoplasm, or metastatic disease.cxct"; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening;; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	4
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	7
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	THIS IS A FOLLOW UP CT FROM A LUNG NODULE PERVIOUS CT WAS DONE ON 04-04-19; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Unknwn; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	XR, CHEST, 2 VIEW; Views (X-RAY, CHEST): PA & Description of the lung with nodules noted throughout, patient has history of asbestos exposure, as the patient has multiple changes in the lung with the history of the asbestos exposure, w; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	currently having black out spells, abnormal echo.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	cxr with widened mediastinum; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	2
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	9
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ultrasound on June 17th.; This study is being ordered for a neurological disorder.; 6-14-19; There has not been any treatment or conservative therapy.; syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy. EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without	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.	2
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient c/o pain, numbness and tingling in LT shoulder, LT arm. Radiology report from cervical x-ray indicates lytic lesions in C1 and C2 and recommends further evaluation with CT.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	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 Bowel or bladder dysfunction.	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	5
		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	9
General/Family Practice	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT	9
C		72141 Magnetic resonance (eg, proton) imaging, spinal canal		2
General/Family Practice	Approval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a	
General/Family Practice	Approval	and contents, cervical; without contrast material	Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral arms, upper extremeties; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	.;Chief Complaints;1. Numbness.;HPI:;New/Follow-up Patient Consult: ;61 year old female presents with c/o Peripheral neuropathy; The peripheral neuropathy has been present for months;The neuropathy is located in the hands,the legs,the feet l; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 1. Bilateral leg numbness; Imaging: MRI L SPINE W/O (Ordered for 08/15/2019);Notes: Sub-optimal control, with worsening neurologic findings on exam with physical therapy. Plan to;evaluate furth; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	.Patient reports left. He reports stabbing, throbbing, and radiates to left (head - headaches). He reports severe. He reports 1 weeks.;pain starts in left upper chest as a sharp pain and radiates up into left side of neck and head. also has cardiac hx; This is a request for cervical spine MRI; Known Tumor with or without metastasis; 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.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Decreased range of motion and pain numbness and weakness Degenerative changes in light of his neurologic symptoms he is describing requesting MRI for evaluation with neurosurgical or orthospine; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Complaining of bilateral shoulder pain weakness and limitation of activities he has had injections in both shoulder symptoms are now worse. Intermittent numbness and weakness of both his upper extremites and His left lower extremity Pain film of cervic; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	He c/o neck pain onset has been worsening for a time period of 6 months dramatically worsening 2 weeks ago. Severity is described as moderate to severe. Course of his symptoms over time is worsening. His neck pain is aggravated by Neck pain aggravating fa; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for weakness and numbness. Negative for headaches.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Last seen in clinic 7/10/19 for left arm numbness - was given Medrol dose pack, cervical XR, and PT referral. **XR from 7/10/19: Mild multi-level facet arthrosis with minimal degenerative; anterolisthesis at C4-5, C5-6, and C7-71. Patient recently visited; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Numbness - pt has hx of cancer;Pt states at times he wakes in the night and whatever side he has been lying on that hand will be numb and his hand will be in a "claw" shape. He states he will roll over and then this same sx will happen on the other side; This is a request for 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.; bilateral upper extremity sensory deficit present	1

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient also complaining of weakness and numbness in left arm that has been ongoing for the past couple of weeks but seems to be getting worse. Would like to have neck evaluated due to seems like it started with her neck hurting; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased sensitivity noted in left hand as compared to the right	1
General/Family Practice	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material	patient complains of numbress/tingling down to both arms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; diminished strength, however bulk and tone are normal in the arms bilateral. complains of moderate arm and hand weakness bilaterally when riding motorcycle or playing guitar, this is patients livelihood.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has been compliant with treatment plan however physical therapy has been discontinued due to worsening symptoms and no relieving factors from pain medication.; This study is being ordered for trauma or injury.; Patient was involved in a motor vehicle accident on 08/21/2019 and was transported to Unity Health ER for treatment.; There has been treatment or conservative therapy.;; Patient was referred to Physical therapy for 2 weeks and pain medications were prescribed. Physical therapy has been discontinued due to worsening symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt has neck pain, diplopia, abnormal gait and vertigo x 3-4 months; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Pt has neck pain, diplopia, abnormal gait and vertigo x 3-4 months; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	See chart notes; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy? The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	She is been experiencing bilateral low back muscle spasm along with cervical spine pain radiating into her right upper extremity. This happens when she turns her head to the right. She takes ibuprofen as needed, and an occasional Flexeril. When she wa; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; She is been experiencing bilateral low back muscle spasm along with cervical spine pain radiating into her right upper extremity. This happens when she turns her head to the right. She takes ibuprofen as needed, and an occasional Flexeril. When she wa; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; it is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4

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This is a request for cervical spine MRI, Follow-up to Surgery or Fracture within the last 6 months; The patient has been sen by or is the sen or changing neurologic sgins or symptoms; the patient does have new or changing neurologic sgins or symptoms; the patient does have new or symptoms of bladder or bowel dysfunction. This is a request for cervical spine MRI, Trauma or recent injury. The patient does have new or any or symptoms of bladder or bowel dysfunction. There is not when ever give a register of the sent sent sent sent sent sent sent sen	General/Family Practice	Approval		not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	
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General/Family Practice Approval and contents, thoracic; without contrast material 72146 Magnetic resonance (eg, proton) imaging, spinal canal Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a			72141 Magnetic resonance (eg, proton) imaging, spinal canal	patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and pain has increased in bi-lateral hands. Hyperesthesia C6 and C7 pain with range in motion.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray	1
72146 Magnetic resonance (eg, proton) imaging, spinal canal Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a	General/Family Practice	Anproval			2
			72146 Magnetic resonance (eg, proton) imaging, spinal canal		1

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 improvement and did HEP for 6 weeks with medications, exercise was aggravating pain has now been stopped and medications have continued.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Approval	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.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	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.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
General/Family Practice	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 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.; 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 patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.;	1
General/Family Practice	Approval	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. Unknown; 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.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	R flank and lower back pain - numbness and tingling in bilateral feet - MRI requested for further eval; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have new signs or symptoms of bladder or bowel dysfunction is the patient does not have a new foot drop.; Neurological: decreased left outer thigh, deep tendon reflexes decreased b/l LES 0-1/4; There is recent evidence of a thoracic spine fracture.	
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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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?; There has not been a recurrence of symptoms following surgery.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic, without contrast material	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents. lumbar: without contrast material		3
General/Family Practice	Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Member is unable to stand or sit for long periods of time, unable to lift; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; weakness on L side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In 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 on right & straight leg positive @ 45 degrees; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness on right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral weakness in legs worse in the past month; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left lower leg weakness, muscle atrophy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

General/Family Practice	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 have new or changing neurologic signs or symptoms.; There is weakness; abnormal pain in lumbar spine extends to right lower leg, with muscle spaz numbness and tingling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower back and right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 08/23/2019; There has not been any treatment or conservative therapy.; Pain in left hip and lower back, unable to walk since her accident; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LLE Strength : strength 4/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness down legs daily activities are being hindered; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 Exercise Program/Instruction; Therapist skill necessary to design home program and teach patient exercises for increasing lumbar ROM/Flexibility, strength, balance and motor control as allowed per physician protocol and PT POC. Instructed the patien; traMADol (ULTRAM) 50 mg tablet; meloxicam (MOBIC) 7.5 mg tablet	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Back Pain;Chronic back pain. Failing RFA at pain mgmt. Unsure how helpful gabapentin was from 2016. Last images 2016. Pain radiates down left leg. Works in heat and AC lifting ductwork.;;Multilevel mild degenerative disc disease.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; 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 exercis	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	concerning left leg numbness. emg in 2018 no verve impingement but consistent with neuropathy.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	continued back pain in 76 year old - has been managing pain with ESI and medications over last year, but those measures are not helping with recent incident - MRI requested to look for suspected space occupying lesion as patient does not have recent traum; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Has acute fracture of the L1 (compression fracture)MD needs MRI to better evaluate if it is acute to see if pt needs to see neurosurgeon; This study is being ordered for trauma or injury; 7/21/2019; There has been treatment or conservative therapy.; Back pain radiating to his hipnumbness and tingling; Hot and cold Physical therapy is unavailable pt is obese; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HE HAS PAIN MANAGEMENT DR AND HAS PAIN MEDS ALSO INJECTIONS W/O RELIEF. SEE CLINICALS; The study requested is a Lumbar Spine MRIL; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	hx of a bulging disc L5-S1 and L4-5 bulging w/hemicanal 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	injection, steroid, anti-inflammatory medications.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in both extremities, been trying physical therapy. Therapist wants an MRI before continuing w. treatment.; The patient does not have new signs or symptoms of bladder or bowed dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Left leg pain x 2 months has mass on thigh. Continues with lowback pain is doing physical therapy Dermatologist wants MRI order to make sure that it's not cancer also. Path report gives DX C44.9; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	LOW BACK PAIN.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Moderate spondylosis at L5-S1 with moderate arthritic change involving; the apophyseal joints of the lower lumbar spine; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Mr. Easter initially reported radicular symptoms in the right leg. When I reviewed the CT scan report with him from WRMC he then noted that he has similar radicular symptoms down the back of his left leg. I have recommended MRI of the lumbar spine for fur; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; Mr. Easter initially reported radicular symptoms in the right leg. When I reviewed the CT scan report with him from WRMC he then noted that he has similar radicular symptoms down the back of his left leg. I have recommended MRI of the lumbar spine for fur; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	New/Follow-up Patient Consult: ;61 year old female presents with c/o Peripheral neuropathy ;The peripheral neuropathy has been present for months;The neuropathy is located in the hands,the legs,the feet lower back;Onset of the neuropathy was grad; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness; I. Bilateral leg numbness; Imaging: MRI L SPINE W/O (Ordered for 08/15/2019);Imaging: MRI BRAIN W/WO CONTRAST (Ordered for 08/15/2019);Notes: Sub-optimal control, with worsening neurologic findings on exam with physical therapy. Plan to;evaluate furth; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	no; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; still having problems, 3 weeks	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	numbness in rt leg down to his foot. Trouble laying down, muscle aches, limited ambulation. Pos. straight leg raise on rt.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient complains of weakness and numbness in her legs. It feels like her leg will "give out" on her when she is lifting or walking. Lower back pain. She will get numbness and then her lower back will start to hurt. The back pain has been chronic for abou; The study requested 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 reports weakness and numbness down both legs, worse on the right side. Says that it feels like her leg will "give out" on her when she is walking or lifting.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient has failed multiple trials of conservative treatment including PT and steroid injections.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient sent to PT however unable to complete PT as it was causing additional pain, X-ray abnormal 5-3-19 degenerative changes; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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,; started on 5-3-19 for 4 weeks, seen 6-4-19 patient unable to perform home exercise because of back pain; insaids, muscle relaxers.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Problems;Reviewed Problems;Gout;Iron deficiency anemia;Essential hypertension;Gastro- esophageal reflux disease with esophagitis;Disorder of kidney and/or ureter;Degeneration of thoracic intervertebral disc - Onset: 11/05/2018;Adult health examinat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms;, The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication;. The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt had abnormal xray series; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt has chronic back pain, but was in an MVA yesterday and pain is worse with numbness and tingling into extremities; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt has failed conservative therapy for his back pain, he also has an abnormal NCS for the cervical pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt has gone to physical therapy in the past that helped but started PT again last week and the pain got worse and was unable to tolerate; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PT HAS LOW BACK PAIN RADIATING DOWN HIS RIGHT LEG WITH NUMBNESS AND TINGLING, THIS IS CONSTANT AND SEVESE. The patient has completed 12 PT sessions for his low back pain over the last 6 weeks, and this has actually made his low back pain and sciatica worse; The study requested is a Lumbar Spine MRI; Actute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PT HAS LOW BACK PAIN RADIATING DOWN HIS RIGHT LEG WITH NUMBNESS AND TINGLING, THIS IS CONSTANT AND SEVERE. The patient has completed 12 PT sessions for his low back pain over the last 6 weeks, and this has actually made his low back pain and sciatica wors; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt has to use a cane to walk; Condition is chronic with worsening symptoms; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The patient has completed a course of physical therapy with no relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient has 3/5 lower extremity weakness, pain upon standing, stooping, or bending; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The patient has radiculopathy into the right leg. She has undergone physical therapy with no relief. She has taken NSAIDS with no relief. Patient also tried Lidocaine patches with no relief.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Asymmetry in knee flexion and hip flexion.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	22
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	2

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?	39
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 an Epidural.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; There has not been a recurrence of symptoms following surgery.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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
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.	6
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study	2
General/Family Practice	Approval	and contents, lumbar; without contrast material	is being requested as a Pre-operative evaluation	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	trialed and failed diclofenac sodium tablets, voltaren gel, naproxen, tramadol. nerve conduction studies showing radiculopathy lumbar spine especially right paraspinals. Had chronic low back pain for 3 years, worsening in past 3 months. Has performed h; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or heleva bnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Back: shows Flexion is normal but increases pain, tenderness present on palpation, scoliosis absent and kypohosis absent. Patient also complains of numbness and 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
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.; Patient is having weakness in his right hip has trouble standing for any length of time; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	will fax records; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	xray recommends MRI or ct to eval small sclerotic foci of the T11, T12, and L1 vertebral bodies.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	xray results:; AP and lateral views of the lumbar spine were obtained. There is severe degenerative disease with osteophyte formation, decreased disk space, spondylolisthesis, anterolisthesis concerning for spinal stenosis. Recommend MRI for further ev; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72192 Computed tomography, 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
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Patient has Acute pain in in coccyx and sacrum and pain medication is not helping.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	unknown; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without		1
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1
General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from an old injury; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice General/Family Practice	Approval Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) 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.; 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. ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	acute pain of right shoulder, radiculopathy affecting upper extremity, musculoskeletal pain of right upper extremity, decreased grip strength of right hand. pain in bicep, weakness, pain on internal and external rotation.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In UPatient reports restricted range of extremity movement but reports right arm and localized swelling. He reports sharp. He reports worsening, interference with sleep, and interference with work but reports pain level with me; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Exam finding Left wrist: Significant TTP over radial head, edema noted, pain with rotation , flexion, and extension of wrist, pain with finger flexion or extension, full strength grasp with pain.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1

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meather. There has been recurrence or consequence decrease; Name Inflame Page of under, Perh as a been for home controls and single and inflamentary of an another or consequence or processing and an another page of under the control or processing and the control of the contro	General/Family Practice	Approval		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 been treated with medication.; The patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 6+ weeks of no improvement; The patient received oral	1
behalder pain. The physician has indirected conservative restrained for the part weeks, The partner has not completed weeks of physical threat received and mendional. The partner has not completed weeks of physical threat received and mendional. The partner has not completed weeks of physical threat received and mendional. The partner has not completed weeks or more of changes are treefly all threat the partner has not completed weeks or more of changes are treefly all threat partners. The partner has not completed weeks or more of changes are treefly all threat partners and the changes of changes in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not change in symptoms. The partner has not considered and not considered and not considered and not change in symptoms. The partner has not considered and n	General/Family Practice	Approval		months; There has been treatment or conservative therapy.; Pain, limited range of motion.; Pt has been doing home exercises and taking anti inflammatories for 3 months; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	2
and numbers with decreased ROM. The requested study is a Shoulder Milt, The pains from a recent layor, It is not now wit surgery or arthrogory is shedied in the meat 4 weeks. The request is of shoulder pain, There is a supplication of the recent layor, It is not now wit surgery or arthrogory is shedied in the meat 4 weeks. The request is for shoulder pain, There is a supplicant of the recent layor, It is not now wit surgery or arthrogory is shedied in the meat 4 weeks. The request is for shoulder pain, There is a supplicant of the following pain of the surgery or should be painted as a shoulder Milt, The pain is form an old prince, The request is for shoulder pain, There is a supplicant of the surgery or should be painted with the painted and the painted should be painted as a shoulder Milt, The painted with th	General/Family Practice	Approval		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.; 6 weeks and no change in symptoms; The patient received	1
acamer. The diagnosis of Mass, Tumor, or Camer has not been established, The patient has had 1 recent plan films, boes can or ultrasound of the knee, The imaging raw joint of 1 This request is for a wrist Mill. The reason for the study is not for evaluation of wrist pain. Patient has been compliant with treatment plan due to worsening symptoms and no relieving factors from pain medication, This study is being ordered for frauma or injury, Patient was involved in a motor vehicle accident on 18/21/2019 and was trampored to Unity helpital flor trapts with the part of the part o	General/Family Practice	Approval	, , , , , , , , , , , , , , , , , , , ,	and numbness with decreased ROM.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is	1
due to worsening symptoms and no relieving factors from pain medication, 'This study is being ordered for traum or injury, 'Enter was involved in a motor verbile accident on 08/12/10/3 and was transported to Unity Health ER for treatment, There has been treatment or conservative therapy; 2 Enter was referred to Physical therapy of 2 weeks and pain medications were prescribed. Physical therapy for 2 weeks and pain medications were prescribed. Physical therapy for 2 weeks and pain medications were prescribed. Physical therapy for 2 weeks and pain medications were prescribed. Physical therapy for 1 wind medications were prescribed. Physical therapy for 1 wind medication on the studies being ordered in 50 T a least all Kin CT colonoscopy, EGC, MSR, ETS can, or Unlisted CT/MRI; The ordering MDs specially is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology The studies of the pain in the plant, representing a torn rotator cuff. The requested study is a Shoulder MRI; The pain is from a mass. The request is for shoulder pain. In execut right shoulder injury about 4 weeks and when he slipped, her caught his weight on that of paper, the request is for shoulder pain. The request study is a Shoulder MRI; The pain is from an old injury; the request is for shoulder pain. The request study is a Shoulder MRI; The pain is from an old injury; the request for shoulder pain, in the physical has directed conservative treatment for the past 6 weeks. General/Family Practice Approval	General/Family Practice	Approval		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;	1
73221 Magnetic resonance (eg, proton) imaging, any joint of pain is not from a recent injury, old injury, chronic pain or a mass; he request is of shoulder MRI; The pain is not from a recent injury, old injury, chronic pain or a mass; he request is of shoulder pain. The request feet study is a Shoulder MRI; The pain is from an old injury. The request is for shoulder pain, it is not known if the physician has directed conservative treatment for the past 6 weeks. General/Family Practice Approval upper extremity; without contrast material(s) The requested study is a Shoulder MRI.; The pain is from a recent injury; Surgery or arthriscopy is scheduled in the next 4 weeks.; The request is for shoulder pain; The request is or shoulder pain; The request is for shoulder pain; The request is for shoulder pain; The request is for shoulder pain	General/Family Practice	Approval	, , , , , , , ,	due to worsening symptoms and no relieving factors from pain medication.; This study is being ordered for trauma or injury.; Patient was involved in a motor vehicle accident on 08/21/2019 and was transported to Unity Health ER for treatment; There has been treatment or conservative therapy.; ; Patient was referred to Physical therapy for 2 weeks and pain medications were prescribed. Physical therapy has been discontinued due to worsening 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	1
popped.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks. 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 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 or physical therapy? The patient has completed 6 weeks or physical therapy? The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics. The requested study is a Shoulder MRI.; The pain is 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 or more of Chiropractic care.; The patient has completed or pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has analgesics. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthriscopy is scheduled in the next 4 weeks.; The pain is from a recent injury.; Surgery or arthriscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The physician has dirrected conservative treatment for the past 6 weeks.; The patient	General/Family Practice	Approval	, , , , , , , , , , , , , , , , , , , ,	humerus in the joint, representing a torn rotator cuff.; The requested study is a Shoulder MRI.; The	1
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 exition; a patient has completed 6 weeks of physical therapy?; The patient received oral analgesics. The patient has completed 6 weeks of physical therapy?; The patient received oral analgesics. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks or physical therapy? 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, 9 ligament, rotator crif injury or labral tear. The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury.; The request is for shoulder pain.; The pain is from an old injury. The request is for shoulder pain.; The pain is from an old injury.	General/Family Practice	Approval		popped.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6	1
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 16 completed 6 weeks of physical thas directed conservative treatment for the past 6 weeks.; The patient has 26 completed 6 weeks of physical thas directed conservative treatment for the past 6 weeks.; The patient has 27 completed 6 weeks of physical has directed conservative treatment for the past 6 weeks.; The patient has 28 completed 6 weeks of physical has directed conservative treatment for the past 6 weeks.; The patient has 38 completed 6 weeks of physical has directed conservative treatment for the past 6 weeks.; The request is for 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, 9 ligament, rotator cuff injury or labral tear. 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, 9 ligament, rotator cuff injury or labral tear. 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, 9 ligament, rotator cuff injury or labral tear. 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, 9 ligament, rotator cuff injury or labral tear. 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 pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The pain is from a r	General/Family Practice			pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral	1
73221 Magnetic resonance (eg, proton) imaging, any joint of General/Family Practice Approval A			73221 Magnetic resonance (eg, proton) imaging, any joint of	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?	16
73221 Magnetic resonance (eg, proton) imaging, any joint of pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 3	General/Family Practice	Approval		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.	9
	General/Family Practice	Approval		pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has	3

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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 arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1
· · ·		73221 Magnetic resonance (eg, proton) imaging, any joint of	unknown; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury,	1
General/Family Practice	Approval	upper extremity; without contrast material(s)	chronic pain or a mass.; The request is for shoulder pain. XR, WRIST, Side: LEFT; Result Note: compression and loss of joint space on left distal radius; The pain	
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient exhibits swelling, effusion and bony tenderness. Tenderness found. Lateral joint line tenderness noted. X-Ray of right knee shown possible minimally displaced fracture of the right lateral tibial plateau. I will get a CT for further imaging; This is not a preoperative or recent postoperative evaluation; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
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 not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is 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

		73720 Magnetic resonance (eg, proton) imaging, lower		
		extremity other than joint; without contrast material(s),		1
General/Family Practice	Approval	followed by contrast material(s) and further sequences		-
,		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Enter answer here - or Type In UnkExtremity Pain/Injury;Reported by patient.;Location: right foot ;Severity: worsening; interference with work;Duration: 2 - 3 weeks ;Timing: constant; sudden ;Context: trauma (fall) ;Alleviating Factors: rest ;Aggra; This is a request for a foot MRI.; The study is being ordered for chronic pain.; The study is being ordered for chronic pain.; The patient has NOT had	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	foot pain for over 4 weeks.	
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	foot pain, suspected tendon rupture; This is a request for a foot MRI.; The study is being ordered for for acute pain.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Knee Pain ; Location: Knee; Knee location: L knee and R knee; Pain details:; Quality: Aching, throbbing and shooting; Radiates to: Does not radiate; Severity: Moderate; Onset quality: Gradual; Timing: Constant; Progression: Worsening;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Left leg pain x 2 months has mass on thigh. Continues with lowback pain is doing physical therapy Dermatologist wants MRI order to make sure that it's not cancer also. Path report gives DX C44.9; This study is being ordered for a metastatic disease; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Seneral/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	Neck mass, pain in thigh; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
		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	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	a protective boot for at least 4 weeks. 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	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	crutches for at least 4 weeks.	
General/Family Practice	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; The patient has NOT had foot pain for over 4 weeks.	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is not an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	2
		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	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned. This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	ordered for Non-acute Chronic Pain; Limited range of motion; It is unknown if surgery is planned.	
General/Family Practice	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking, Surgery is NOT being planned. This is a request for a Knee MRI. The ordering physician is not an orthopedist. This study is being	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is being planned.; Arthroscopic surgery	1
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	2
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; Surgery is NOT being planned.	2
ieneral/raininy riactice	мрргочаг	ionowed by contrast material(s) and further sequences	ordered for Mone of the above, Swenning greater than 3 days, Surgery is NOT being planned.	

			This is a request for a Year MDI. The evel-ging physician is get an exthemedict. This study is being	
		73720 Magnetic resonance (eg, proton) imaging, lower	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	
		extremity other than joint; without contrast material(s),	trauma involving the knee, Swelling greater than 3 days; Yes, the member experience a painful	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	popping, snapping, or giving away of the knee.	
denerally animy i ractice	приста	ionored by contrast material(s) and farther sequences	This is a request for a Knee MRI., The ordering physician is not an orthopedist.; This study is being	
		73720 Magnetic resonance (eg, proton) imaging, lower	ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving	
		extremity other than joint; without contrast material(s),	the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	of the knee.	
			This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	
		73720 Magnetic resonance (eg, proton) imaging, lower	ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving	2
		extremity other than joint; without contrast material(s),	the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the	2
General/Family Practice	Approval	followed by contrast material(s) and further sequences	knee.	
			This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	
		73720 Magnetic resonance (eg, proton) imaging, lower	ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving	1
		extremity other than joint; without contrast material(s),	the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or	_
General/Family Practice	Approval	followed by contrast material(s) and further sequences	giving away of the knee.	
		77770 14	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	
		73720 Magnetic resonance (eg, proton) imaging, lower	ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving	2
General/Family Practice	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	
General/Family Fractice	Арргочаг	73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	
		extremity other than joint; without contrast material(s),	ordered for Suspected meniscus, tendon, or ligament injury. Yes, there is a known trauma involving	5
General/Family Practice	Approval	followed by contrast material(s) and further sequences	the knee: Instability	3
Generally running redetice	прриота	73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	
		extremity other than joint; without contrast material(s),	ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving	5
General/Family Practice	Approval	followed by contrast material(s) and further sequences	the knee.; Limited range of motion	_
, , , , ,		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	
		extremity other than joint; without contrast material(s),	ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving	4
General/Family Practice	Approval	followed by contrast material(s) and further sequences	the knee.; Swelling greater than 3 days	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films	1
		extremity other than joint; without contrast material(s),	were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	
			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	
		73720 Magnetic resonance (eg, proton) imaging, lower	Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.;	2
		extremity other than joint; without contrast material(s),	Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of	
General/Family Practice	Approval	followed by contrast material(s) and further sequences	the knee.	
		73720 Magnetic resonance (eg, proton) imaging, lower	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	
		extremity other than joint; without contrast material(s),	were nomine, the ordering physician is not an orthogenest, this study is being ordered on Suspected menicipus, tendon, or ligament injury, Yes, there is a known trainai involving the knee.;	4
General/Family Practice	Approval	followed by contrast material(s) and further sequences	Pain greater than 3 days	
General/Family Fractice	Арргочаг	followed by contrast material(s) and further sequences	raili greater than 3 days	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films	
		extremity other than joint; without contrast material(s),	were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	
			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	
		73720 Magnetic resonance (eg, proton) imaging, lower	Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.;	1
		extremity other than joint; without contrast material(s),	Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving	
General/Family Practice	Approval	followed by contrast material(s) and further sequences	away of the knee.	
			This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the	
		7272014	plain films is not known.; The ordering physician is not an orthopedist.; This study is being ordered	1
		73720 Magnetic resonance (eg, proton) imaging, lower	for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the	
C		extremity other than joint; without contrast material(s),	knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative	
General/Family Practice	Approval	followed by contrast material(s) and further sequences	treatment.; Physician directed course of non-steroidal anti-inflammatory medications	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRII; The patient has not had recent plain films of the knee; The	
		extremity other than joint; without contrast material(s),	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.;	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	Immobilization; Surgery is NOT being planned.	
Senerally ranning reactive	Approvai		This is a request for a Knee MRI, The patient has not had recent plain films of the knee; The	
		73720 Magnetic resonance (eg, proton) imaging, lower	ordering physician is not an orthopedist; This study is being ordered for Non-acute Chronic Pain;	
		extremity other than joint; without contrast material(s),	Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.;	1
			or and a course of conservative destination	
General/Family Practice	Approval		Physical Therapy; It is unknown if surgery is planned.	
General/Family Practice	Approval	followed by contrast material(s) and further sequences	Physical Therapy; It is unknown if surgery is planned. This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The	
General/Family Practice	Approval			
General/Family Practice	Approval	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	1

		73720 Magnetic resonance (eg, proton) imaging, lower		
		extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The plain films were not normal.; This study is being ordered for	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	Known or Suspected Joint Infection	
		73720 Magnetic resonance (eg, proton) imaging, lower		
		extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as	3
General/Family Practice	Approval	followed by contrast material(s) and further sequences	chronic; The member has failed a 4 week course of conservative management in the past 3 months.	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent	1
		extremity other than joint; without contrast material(s),	injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is	-
General/Family Practice	Approval	followed by contrast material(s) and further sequences	scheduled in the next 4 weeks.; A Total Knee Arthroplasty (TKA) is NOT being performed.	
		73720 Magnetic resonance (eg, proton) imaging, lower		
		extremity other than joint; without contrast material(s),	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of	
		extremity other than joint; without contrast material(s),	tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a	2
General/Family Practice	Approval	followed by contrast material(s) and further sequences	suspicion of an infection.; The patient is taking antibiotics.	
, , , , , , , , , , , , , , , , , , , ,			This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of	
			tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a	
		73720 Magnetic resonance (eg, proton) imaging, lower	suspicion of an infection; The patient is not taking antibiotics; This is not a study for a fracture	3
				3
General/Family Practice	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	
General/Family Practice	Approvai		surgery.	
		73720 Magnetic resonance (eg, proton) imaging, lower		2
		extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The	3
General/Family Practice	Approval	followed by contrast material(s) and further sequences	study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	
		73720 Magnetic resonance (eg, proton) imaging, lower		
		extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-	2
General/Family Practice	Approval	followed by contrast material(s) and further sequences	ray.; The study is requested for ankle pain.; Tendon or ligament injuryis not suspected.	
			Unknown; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the	
		73720 Magnetic resonance (eg, proton) imaging, lower	next 4 weeks.; The study is being oordered for infection.; There are physical exam findings,	1
		extremity other than joint; without contrast material(s),	laboratory results, other imaging including bone scan or plain film confirming infection, inflammation	1
General/Family Practice	Approval	followed by contrast material(s) and further sequences	and or aseptic necrosis.	
			Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or	
			injury.; 08/23/2019; There has not been any treatment or conservative therapy.; Pain in left hip and	
			lower back, unable to walk since her accident.; One of the studies being ordered is NOT a Breast	1
		73721 Magnetic resonance (eg, proton) imaging, any joint of	MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MDs specialty is NOT	
General/Family Practice	Approval	lower extremity; without contrast material	win, c.i colorioscopy, edc.), who, per sean, o onlinese of chiwais, the ordering winds specially is not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
delieral/raililly Practice	Approvai	lower extremity, without contrast material	nematologist, Olicologist, Moracic Surgery, Olicology, Surgical Olicology	
			Patient is accompanied today by her husband who helps provide history on her right anterior thigh	
			pain. Patient recalls that she fell in April and almost did the scissors splits with her left leg splitting	
			out in front of her and her right leg behind her; This is a requests for a hip MRI.; Surgery or	1
			arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately	
		73721 Magnetic resonance (eg, proton) imaging, any joint of	determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; The hip	
General/Family Practice	Approval	lower extremity; without contrast material	pain is due to a recent injury.; The request is for hip pain.	
		73721 Magnetic resonance (eg, proton) imaging, any joint of	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative	5
General/Family Practice	Approval	lower extremity; without contrast material	management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	
		73721 Magnetic resonance (eg, proton) imaging, any joint of	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative	2
General/Family Practice	Approval	lower extremity; without contrast material	management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	
			This is a requests for a hip MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass,	
			Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not	1
		73721 Magnetic resonance (eg, proton) imaging, any joint of	requested to detect residual cancer after a course of treatment has been completed?; the patient is	•
Ganaral/Family Practice	Approval			
General/Family Practice	Approval	lower extremity; without contrast material	presenting with unresolved or new symptoms; The request is not for hip pain.	
		72724 Managatia anno 100 anno 1	This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-	1
Caranal/Family D	A	73721 Magnetic resonance (eg, proton) imaging, any joint of	ray; Tendon or ligament injuryis not suspected.; The hip pain is due to a recent injury.; The request	1
General/Family Practice	Approval	lower extremity; without contrast material	is for hip pain.	
			Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something	
			other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
			infectious disease, congenital anomaly, or vascular disease.; 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	1
			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	
		73725 Magnetic resonance angiography, lower extremity, with	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
General/Family Practice	Approval	or without contrast material(s)	Oncology or Radiation Oncology	
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast		1
	, ipprovai	Jonnpated tomographity addoment, without contrast		-

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.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	2cm right kidney mass found on Ultrasound; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor, There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
.General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Generalized abdominal pain, Nausea, ;Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is generalized tenderness. A hernia is present. Positive for abdominal pain. Negative for abdominal distention. There is tenderness in the peri; 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 AO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Pain under left rib cage; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	pancreatic mass seen on abdominal u/s; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Patient had a CT of abdomen and pelvis with contrast on 05/29/2019. Indeterminant hypervascular 13x13x11 mm lesion in the dome of the liver was found. Too small to accurately characterize. Radiologist suggest CT abdomen in 3 months from 05/26/2019.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	PATIENT HAD RECENT MRI L-SPINE THAT IDENTIFIED A RENAL MASS ON THE LEFT KIDNEY; 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.; It is unknown what is suggested the suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	renal mass found on MRI lumbar spine and needs further evaluation; 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.; It is unknown what is suggested the suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
			-	

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Rocky Mountain tick fever that was diagnosed over this summer. She has some hemangiomas on the liver.h/o of hemangiomas vs FNH (folicular nodal hyperplasia). Patient requesting to repeat imaging as she is wanting to become pregnant. NEEDS FOLLOWUP CT. ;; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	The patient presents with chronic back pain. She states she has had back pain off and on for years, but, over the last few months, it seems to be worsening. Does state she was recently in Mexico and told that she has a kidney stone, and it was needed to; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operatove complication.; Yes this is a request for a Diagnostic CT	1
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 new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is newly diagnosed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is not newly diagnosed, it's known previous history.; There are new signs or symptoms other than hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for 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	6
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ; Known or suspected infection such as pancreatitis, etc; There are clinical findings or indications of Hematuria.; The hematuria is newly diagnosed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;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
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	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for a Diagnostic CT This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient had an Ultrasound.; The Ultrasound results were equivocal.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type in Unknown if No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint,; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	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.; 9/7/2019; There has not been any treatment or conservative therapy.; Abdominal pain, appendix has been removed already.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/19/2018; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
C 1/5 1 . D 1		74176 Computed tomography, abdomen and pelvis; without	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Approval	contrast material	Unlisted CT/MRI.	
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been a physical exam; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	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.; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN and Malignant neoplasm of overlapping sites of unspecified female breast; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3 cm mass growing on left side; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abd mass found on previous exams; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abd pain for 3 days, no relief with tylenol and Nsaids. Moderate amount of blood in urine.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdomen enlargement; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABDOMEN: slight tenderness in mid lower abdomen and LLQ on palpation with bowel sounds present in all four quadrants. ;28 year load female presents with c/o Abdominal pain in the suprapubic. c/o area for several week. c/o and the pain is constant burni; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal distention: Patient reports that he has had prior heart surgery as well as abdominal surgery post acute injury after being stabbed in the past. He is wondering if he may have an umbilical hernia. Reports occasional discomfort to his abdomen as; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain and Abdominal dislention; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal pain;Patient presents for evaluation of constant dull pain at right mid area of abdomen, and left upper area of abdomen;Onset: 2 months ago;Pain is worse after eating.;Stools have changed in consistency: softer and darker;Joes: nausea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal Pain: He has come & Depain in his LLQ. He has a history of Hartman procedure in 2017. One morning he had RLQ pain associated with nausea. Denies any vomiting, but he sometimes has a mix of nausea & Denies and Sump; hunger. He's usually regular, but has had; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdominal: There is tenderness in the right upper quadrant with vomiting and dizziness if she is up for too long and also has a headache w/, stomach pain.; This is a request for an abdomenn-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ABNORMAL LFT WITH ABNORMAL WEIGHT LOSS NO APPETTITE SINCE PATIENT STOP DRINKING.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	c/o left abd pain, dull ache. reports falling recently.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Chest wall tenderness, increased bowl sounds, guarding, epigastric tenderness, LUQ tenderness extending to left axillary line, RUQ tenderness with palpations producing LUQ pain, spleen tenderness and splenomegaly.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Clinical Information; HX/DX (REQUIRED): abdominal pain; cramps, vomitting, diarrhea; Duration of Symptoms; 5 days Start: 7/5/19; Physical Exam Findings: pain in right flank, radiates, bloating, vomitting, diarrhea; Preliminary Procedures Already Completed; This is a request for an abdomenpelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	concern for renal stones due to pt having severe hematuria and flank pain at last 3 office visits; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Continuing Abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CT is being done for possible inguinal hernia. Ultrasound of the pelvis was completed.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

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Several/Tamily Practice Approval Contract material Approval Approv	General/Family Practice	Approval		tenderness in the left upper quadrant.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is	1
bilateral inguisital careals. Pris is chealuled for US Scores on 8,201-50, This is a request for an abdomen-point of Cerebination, This study is being requested or abdomenal and/or policy pain. The study is being ordered for chorence pain. The study is being ordered for chorence pain. The study is being ordered for chorence pain. This is not the first valid for this complant. There has been a physical exam. The patients in male, a few date down any approximation, the study is being ordered for chorence pain. The patients and abdomen-points Commitment. The study is being ordered for chorence pain. The complant of the patients of the complant. The study is being ordered for chorence pain. The patients and abdomen-points Commitment. This study is being ordered for chorence pain. The patients is felline. A policy early the patients of the patients. The patients of the	General/Family Practice	Approval		is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A	1
abdomen-perks CT combination. This study is being requested for abdominal and/or perkip pain; The study is being requested for formous pain, this is to the first visit for the man been aphysical exam. The patient is female. A perkic command the exam are unknown, the still bis a request for a Diagnostic CT Had previous ct scans without contrast and now wanting to do with contrast. This is a request for an abdomen-perkis CT combination. This study is being requested for formous pain. The study is being requested for abdominal and/or perkip pain. The study is being requested for abdominal and/or perkip pain. The study is being requested for abdominal and/or perkip pain. The study is being requested for abdominal and/or perkip pain. The study is being requested for abdominal and perkip perkip pain. The study is being requested for abdominal perkip perkip pain. The study is perkip pain. The st	General/Family Practice	Approval		bilateral inguinal canals. Pt is scheduled for US Scrotal on 8-20-19.; This is a request for an abdomen- pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.;	1
abdomen-pelvis CT combination, This study is being requested for abdominal and/or pelvic pain; The study is being ordered for Chronic pain, This is not the first stiff or this complaint, The study is being ordered for Chronic pain, This is not the first stiff or this complaint, The pathen is female; A pelvic exam was performed. There has been a physical exam, The patient is female; A pelvic exam was performed. The results of the exam are unknown, "ye this is a request for a Diagnostic CT has hematuris, This is a request for a Diagnostic CT has hematuris, This is a request for a Diagnostic CT has hematuris, This is a request for a Diagnostic CT has hematuris, This is a request for a Diagnostic CT has hematuris, The patient is female; A pelvic exam was NOT performed; Yes this is a request for a Diagnostic CT hematuris for 2 days without pain; This is a request for a Diagnostic CT hematuris for 2 days without pain; This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed. The reason for the hematuris 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 was positive for protein; Yes this is a request for a Diagnostic CT hematuria for 2 days without pain; This study is pelvic pain; The study is pelvic	General/Family Practice	Approval		abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam	1
has hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is requested for abdomen-pelvis CT combination.; A uninalysis 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 abdominal and/or pelvic pain.; The study is penetred per pelvic pain. The study is penetred penetred penetred. The study is penetred pene	General/Eamily Practice	Annroyal		abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam	1
winalysis has been completed; The reason for the hematura is not known.; This study is not being requested for abdominal and/or pelvic pain; The study is requested for hematura; The results of the urinalysis ware positive for protein. Yes this is a request for an abdomen-pelvis; without that workup for this aside from labdominal and/or pelvic pain; The study is being ordered for chronic pain; This study is being ordered for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is a request for an abdomen-pelvis CT combination; This study is being ordered for chronic pain; This is a request for an abdomen-pelvis CT and pain and/or pelvic pain; The study is being ordered for chronic pain; This is a request for an abdomen-pelvis CT and pain and/or pelvic pain; The study is being ordered for chronic pain; This is a request for an abdomen-pelvis CT and pain and/or pelvic pain; The study is being ordered for chronic pain; This study is being ordered for acute pain; There has been a physical exam; The patient is female; A pelvic exam was NOT performed; Yes this is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or 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 an abdomen-pelvis CT combination; This study is being requested for abdominal and/or 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 an abdomen-pelvis CT combination; A urinalysis has been completed; This study is being ordered for acute pain; The results of the urinalysis were abnormal. The urinalysis was positive for bilirubin; The results of the urinalysis were abnormal; The urinalysis was positive for bilirubin; The results of the urinalysis was positive for bilirubin; The r			74176 Computed tomography, abdomen and pelvis; without	has hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a	1
Here today for above complaints. no nvdc. c/o right lower abd pain. no fever or chills. she has not had workup for this aside from labs. she has not had degd or CT, load bagain in clinic and is guarding abd region, she has been unable to eat; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 bdominal and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a biagnostic CT History of malignancy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for an abdomen-pelvis CT combination.; The results of the exam were abnormal.; Yes this is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; Yes this is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for billitubin.; The study is being ordered for chronic pain.; The urinalysis was positive for billitubin.; 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	General/Family Practice	Approval		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	1
requested for abdominal and/or 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 an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The patient is female. Approval Leukocytosis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results			74176 Computed tomography, abdomen and pelvis; without	Here today for above complaints. no nvdc. c/o right lower abd pain. no fever or chills. she has not had workup for this aside from labs. she has not had egd or CT. patient c/o 10/10 abd pain in clinic and is guarding abd region. she has been unable to eat; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	1
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 74176 Computed tomography, abdomen and pelvis; without chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results	General/Family Practice	Approval		requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam	1
General/Family Practice Approval contrast material of the lab test were normal; yes this is a request for a Diagnostic CI	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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	1
lower abd pain, reports pain L lower abd and radiates down leg and around to back , last visit treated uti with macrobid.;Patient has a diagnosis of endometriosis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	General/Family Practice	Approval		treated uti with macrobid.;Patient has a diagnosis of endometriosis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chorgain; This is not the first visit for this complaint;. There has been a physical exam; The patient is female.; A pelvic exam was performed.; The results of the exam	1
mass/pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the			74176 Computed tomography, abdomen and pelvis; without	mass/pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	MD suspects the patient has kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	mild diarrhea, left lower quadrant pain for one week. aching pain; This is a request for an abdomen- pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	painful pressure on stomach worsening in last 3 weeks, taken ibuprofen with no relief, family history of cervical and ovarian cancer; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient c/o abdomen pain with constipation. Possible pelvic mass noted on xray.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PATIENT HAD PACREATITIS ON 6/21/19; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient had vaginal hysterectomy with bilateral salpingo-oophorectomy with pelvic adhesions in 2011; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has been seen multiple times in our clinic over the past few months for this problem. Multiple labs were drawn as well as an ultrasound being performed.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT.	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had abdominal pain for 2 weeks, continued nausea and fever. Pain in in the right lower abdomen. The patient also has been vomiting along with this pain.; This is a request for an abdomenpelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has had normal abdominal/pelvic ultrasound on 08/23/19; This is a request for an abdomen- pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had severe abdominal pain mainly when exposed to heat.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had severe abdominal pain ongoing since 8/8/2019 when she was admitted to hospital for this. Has tried medications and diet change need CT for further evaluation since it is ongoing; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has HX of Colon CA she has decreased energy Level and decreased appetite her weight on 11-1-2018 was 160 on 3-25-2019 156 and on 5-13-2019 157 on 7-10-2019 144. Abdominal pain and Back pain and Myalgias Positive for leg swelling. Doing CT; This is a request for an abdomenpelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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
	,pp.ovu.	74176 Computed tomography, abdomen and pelvis; without	Patient has Left lower quadrant pain along with hematuria ;severe nausea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A	1
General/Family Practice A	Approval	contrast material	pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT Patient has mild RUQ tenderness upon exam. Ultrasound was done on 07/29/2019 and was normal.;	
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has RLQ with guarding, needs STAT CT; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient having continued lower abdominal pain and tenderness with vomiting and diarrhea. Patient's white blood cell and GRAN# is now elevated. Pelvic exam showed some discharge but nothing that would cause ongoing symptoms.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient is and has been taking protonix 40mg faithfully with no improvement in symptoms.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is having weight loss, unable to use left arm due to size of lymphoma in her left axilla.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist, Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient reports abdominal distension and generalized abdominal pain with pain worsening right lower quadrant. rebound tenderness with bulging in lower abdomen. patient reports abdomen feels heavy and it bulges out. provider concerned with incarcerated her; This is a request for an abdomenpelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient seen in ER 5/19/19 had ABD Us. having pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was just in 9/10 and seen for enteritis. Complaining of nausea and tenesmus. Admits to being up all night and going to the bathroom every 5-10 minutes needing to have a BM but nothing presents other than clear mucus. She is cramping severely as w; This is a request for an abdomenpelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was seen at Med Express Urgent care 7-16-2019 prescribed levsin ;;First office visit 7-29- 2019 RE: Stomach cramps on going diarrhea Started a week prior to this date. ;Performed a urine test and lab. Patient gave prescription for Flagyl 500 mg ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was seen in May for flank pain. He had an urinalysis done in the clinic today, it shows positive nitrites, protein, and leukocytes. He had an ultrasound in May that was negative. He has taken AZO OTC with no relief.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint;. There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with Abnormal Abdominal Ultrasound showing a liver mass. Complaining of sharp pain in right side of abdomen.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient with blood in urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Persistent Left upper quadrant pain and epigastric pain for two weeks. Pain to point patient is crying; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	personal History of kidney stones. suspected dx at this time.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	presents with c/o sharp pain to left flank that radiates around to umbilicus, pt continues to take Flomax; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Previous US in 08/19/2019. Strong family history of pancreatic cancer, Father died from it. She has ongoing pain. Suspicion of cancer; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has been feeling full, bloated and has been having episodes of abdominal pain that feels like a tight band across the upper abdomen. Upper abdominal pain as well as bloating: Chronic since June, uncontrolled, intermittent. Patient unsure why she has be; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt has constant pain assoc w nausea/loss of appetite. tender in rlq, r/o appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has L flank pain, was seen a week ago and treated for UTI and hematuria, pain is worse, hematuria still present.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice General/Family Practice	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Pt is having chronic abdominal and pelvic pain no relief and is having recurrent kindey infections that has been treated with abx and no progress, pt is being referred to urology but needing a ct before they see her to see if there is anything going on w; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT Reason for Study (REQUIRED): appendicitis X 1 WEEK; NAUSEA AND VOMITING, ABD PAIN AND TENDERMESS, REBOUND PAIN; This a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Reason for Study (REQUIRED): Generalized abdominal pain with R. sided tenderness, R/O GALBLADDER LIVER MASS,n ffoorr Appppooinnttmmeenntt; 1. WI pain in right side; il-liststoorryy ooff PPrreesseenntt IllIllinneessss; Constitutional: ;Denies: Fey; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed; This study is being requested for abdominal and/or pelvic pain; The results of the urinalysis were normal.; The study is being ordered for chronic pain; This is the first visit for this complaint; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	recent US nondiagnostic due to limited view - bowel gas shadowing - no hernia noted - continued RLQ abdominal pain for 3 months.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; There has been a physical exam.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	rectal mass, fever 100.8, and blood in stool; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	rectal pain. chornic prostatis; This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Recurrent problem, more than one month ago, n, v, constipation after eating for 2 mos., now feels fatigued, w/abd. pain, 2-4x per day, unchanged. Colon0scopy in 2017 showed diverticulosis, UA showed mild hematuria.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; Then ab been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	rule out kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	severe abd and pelvic pain x 3 days; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	severe left lower quad pain with guarding and rebound tenderness. has history of diverticular disease; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She does have mild leukocytosis. could be diverticular disease versus infectious colitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She has been having abdominal and pelvic pain for over a month.has cva tenderness and just getting worse; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She is c/o going to the bathroom "100 times a day" loose, watery and stool, denies blood, no fever. C/o nausea and constipition. Pain on left side of abdomen, pain with lying on that side. Rates pain 5- 6/10.;Patient has severe diverticulitis that is need; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	this is a for cancer screening as patient is a heavy smoker and has recently undergone 100lb weight loss without trying.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	25

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient 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	7
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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); Unknown	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound,; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; This study is being requested for	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for a Diagnostic CT This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	3
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is for a pre-operative evaluation to see if the patient needs to have surgery to repair the hernia.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This past Sunday she had gradual onset of pain in the para umbilical area that seem to radiate down to the middle of the mons. Yesterday she started having burning sensation in the left lower quadrant. She noted "breakouts" on her arms which she says usua; This is a request for an abdomenpelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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 Utrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ultra 2x6x2x7 solid mass; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2

General/Family Practice General/Family Practice	Approval Approval	74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s)	ordered to evaluate an undescended testicle in a male. ; 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 appendicitis.; A white blood cell count has not been completed. ABNORMALITY FOUND ON CT OF THE ABDOMEN AND PELVIS. RADIOLOGIST RECOMMENDED MRI	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	NOT performed.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being	1
		74176 Computed tomography, abdomen and pelvis; without contrast material	xray showed multiply air fluid levels of sm. intestine.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will include with clinicals; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will fax info; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will fax in clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Will fax in clinical; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	urine leukocyte esterase;trace;abnormal; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	URINALYSIS NEGATIVE. PREG. TEST NEGATIVE. US PELVIS NEGATIVE.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Urinalysis done and positive nitrates; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.	1
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Patient 54 y.o. Caucasian male who f/u for labs and US ordered for RUQ/chest pain intermittently for years that had increased in the last 6 months. His US was c/w fatty liver and sludge in the gallbladder but there was a sub 1.0cm lesion that radiology wa; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Pt has had CT w/o contrast which recommended a CT with contrast. That CT recommended an MRI to rule out liver lesions.; This request is for an Abdomen MRI; This study is being ordered for hematuria; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	screening ct with a mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1
General/Family Practice	Approval	without contrast material(s) 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 taging.	1
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	3
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	3
		74181 Magnetic resonance (eg, proton) imaging, abdomen;	unknown; 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	1
General/Family Practice General/Family Practice	Approval Approval	without contrast material(s) 74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	there is suspicion of metastasis. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	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	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and	Yes, this is a request for CT Angiography of the abdominal arteries.	11
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 genetric testing or a suspected implant rupture.	1
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.; 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
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	none; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1

pt had abnormal screening mammogram, abnormal diagnostic mammogram with ultrasound. Radiologist recommends breast MBI (or atypical morphology; This is a request for Breast MBI, This study is being ordered for known breast tecinism, by, this is not a middleal who has known breast cancer in the contralateral (other) breast, No, this is not an individual who has known breast scancer in the contralateral (other) breast, No, this is not an individual who has known breast scancer in the contralateral (other) breast, No, this is not an individual who has known breast scancer in the contralateral (other) breast, No, this is not an individual who has known breast scancer in the contralateral (other) breast, No, this is not an individual who has known breast scancer in the contralateral offices the part of the search of the contralateral offices and the part of the search of the search of the part of the search of the sear	1 1
for repeat screening MRI; This is a request for Breast MRI; This is tay is being ordered as a screening examination for known family history of breast cancer; it is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). 77046 Magnetic resonance imaging, breast, without contrast material, unilateral genetic testing for breast cancer; The patient has a lifetime risk score of greater than 20. This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer; The patient has a lifetime risk score of greater than 20. This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer; The patient has a lifetime risk score of greater than 20. This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer; There are being le lesions in the breast associated with an increased cancer of family history of breast cancer; There are being le lesions in the breast associated with an increased cancer of family history of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). This is a request for Breast MRI; This study is being ordered as a screening examination for known and the patient of breast cancer is the patient of breast cancer. There is a pattern of breast cancer is the patient of breast cancer is the patient of breast cancer. There is a pattern of breast cancer is the patient of breast cancer is the patient of breast cancer. There is a pattern of breast cancer is the patient of breast cancer is the patient of breast cancer. There is a pattern of breast cancer is the contralateral (other) breast; yes, the results of this MRI (size and shape of tumor) affect the patient's further management. This is a request for Breast MRI; This study is being ordered as a screening examination for known br	
General/Family Practice Approval material; unilateral material;	1
This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). 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). Approval material; unilateral relatives (parent, sister, brother, or children). This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management. General/Family Practice Approval material; unilateral This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are being lesions in the breast associated with an increased cancer risk.	
This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). Approval material; unilateral relatives (parent, sister, brother, or children). This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management. Todds Magnetic resonance imaging, breast, without contrast patient's further management. Todds Magnetic resonance imaging, breast, without contrast being lesions in the breast associated with an increased cancer risk.	1
No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, T7046 Magnetic resonance imaging, breast, without contrast General/Family Practice Approval	1
77046 Magnetic resonance imaging, breast, without contrast General/Family Practice Approval This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2
This is a request for a Bone Density Study.; This patient has not had a bone mineral density study	1
77078 Computed tomography, bone mineral density study, 1 or within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	2
General/Family Practice Approval 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.; 77078 Computed tomography, bone mineral density study, 1 or General/Family Practice Approval 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
This is a request for a Bone Density Study.; This patient has not had a bone mineral density study. 77078 Computed tomography, bone mineral density study, 1 or General/Family Practice Approval Approval Approval Approval The patient is post-menopausal or estrogen deficient. The patient of sost-menopausal or estrogen deficient.	1
Enter answer here - or Type In Unknown If No Info Given. The patient is not diabetic.; This is a 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performedly; single study, at rest General/Family Practice Approval Enter answer here - or Type In Unknown If No Info Given. 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 additional quantification, when performedly; single study, at rest 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
78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest General/Family Practice Approval Fine answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for somethin 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 (including attenuation correction, qualitative or quantitative been any treatment or conservative therapy.; Describe primary symptoms here - or Type In wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed;) single study, at rest EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT General/Family Practice Approval or stress (exercise or pharmacologic)	1
; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 78451 Myocardial perfusion imaging, tomographic (SPECT) Study); This is a Medicare member.; This study is being ordered for Cardiac symptoms including (including attenuation correction, qualitative or quantitative will motion, ejection fraction by first pass or gated technique, additional quantification, when performedly; single study, at rest General/Family Practice Approval ; 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 additional quantification, when performedly; single study, at rest There is no physical restriction to the member's ability to exercise	2

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has increased shortness of breath comes and goes hypertension obese has a trac; 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
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 with exertional chest pain. Multiple risk factors including diabetes mellitus, hypertension, hyperlipidemia, and strong 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 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when per	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
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	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	3
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
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a 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 None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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)	3
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		4
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; Pt is here for a bp check;bp was quite high at last visit;Suspect white coat;She is very anxious;Had a shuffling gait;And seemed sleepy;Not sleeping well due to stress; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	dizziness and weakness; This study is being ordered for a neurological disorder.; 8-15-19; There has not been any treatment or conservative therapy.; nausea, vomiting, 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
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	Grade 1/6 murmur noted on 7/9/19 office exam.; This a request for an echocardiogram.; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Having lot of dizziness and , CT scan was done last Thursday and had abnormal results on that. Stating an urgent request; 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
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 been experiencing worsening peripheral edema despite lasix. Patient has a history of Diabetes Mellitus and hyertension. Pt has not had an echocardiogram in the past.; This a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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
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 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
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 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.; It is unknown if this is an initial evaluation of a patient not seen in this office before.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	6

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 abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; enlarged heart may be the reason fo cardiomyopathy.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of 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 heart failure.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of heart diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; enlarged heart may be the reason fo cardiomyopathy.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of 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 hormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	3
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	2

			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	
		2227 5 1 12 1 1 1 1 1		
		93307 Echocardiography, transthoracic, real-time with image	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	3
		documentation (2D), includes M-mode recording, when	disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or	
		performed, complete, without spectral or color Doppler	diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of	
eneral/Family Practice	Approval	echocardiography	breath; Shortness of breath is not related to any of the listed indications.	
			This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
			study is being ordered for another reason; This study is being ordered for evaluation of abnormal	
			symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart	3
		93307 Echocardiography, transthoracic, real-time with image	disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or	3
		documentation (2D), includes M-mode recording, when	diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for	
		performed, complete, without spectral or color Doppler	the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient	
neral/Family Practice	Approval	echocardiography	has an abnormal EKG	
		93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for another reason; This study is being ordered for evaluation of cardiac	
		performed, complete, without spectral or color Doppler	arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or	4
neral/Family Practice	A		arrhytimias, rins study is being requested for the midal evaluation of nequencial sustained at larger of ventricular cardiac arrhythmias.	
neral/Family Practice	Approval	echocardiography	ventricular cardiac arrinythmias.	
		93307 Echocardiography, transthoracic, real-time with image		
		documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
		performed, complete, without spectral or color Doppler	study is being ordered for another reason; This study is being ordered for evaluation of Pericardial	
eneral/Family Practice	Approval	echocardiography	Disease.; This is for the initial evaluation of a pericardial disease.	
		93307 Echocardiography, transthoracic, real-time with image		
		documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	2
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Cardiac Embolism.	
			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	
		93307 Echocardiography, transthoracic, real-time with image	clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is	
		documentation (2D), includes M-mode recording, when	unknown if the murmur is grade II (3) or greater; it is unknown if there is clinical symptoms	1
		performed, complete, without spectral or color Doppler	supporting a suspicion of structural heart disease.; This is a request for follow up of a known	
	A			
eneral/Family Practice	Approval	echocardiography	murmur.	
		93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status	3
		performed, complete, without spectral or color Doppler	since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a	3
eneral/Family Practice	Approval	echocardiography	request for follow up of a known murmur.	
		93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical	1
		performed, complete, without spectral or color Doppler	status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a	
eneral/Family Practice	Approval	echocardiography	request for follow up of a known murmur.	
	ii.	93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a	6
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler	actory is being forced on the Zandation of Carlotte Multiful., This request is for initial evaluation of a murmur; The murmur is grade III (3) or greater.	Ü
Cherdit anning Fractice	Арргочаг			
		93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a	1
		performed, complete, without spectral or color Doppler	murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a	
eneral/Family Practice	Approval	echocardiography	suspicion of structural heart disease.	
		93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a	1
		performed, complete, without spectral or color Doppler	murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a	
eneral/Family Practice	Approval	echocardiography	suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	
•		93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral	1
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Caldiac varies., The patient has suspected projected initial valve.	1
eneral/railing Practice	Арргочаг			
		93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing	3
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler	symptoms of valve disease.	
		93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected	14
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler	valve disease.	
, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,	93307 Echocardiography, transthoracic, real-time with image	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when	study is being ordered for Evaluation of Congenital Heart Defect; This is for evaluation of change of	1
anoral/Eamily Practice	Approval		study is being ordered for Evaluation of Congenital near Coefect, This is for evaluation of Change of clinical status.	1
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler	cliffical status.	
		93307 Echocardiography, transthoracic, real-time with image		
		documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
		performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical	

		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler echocardiography	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.	-
,,	,,,	93307 Echocardiography, transthoracic, real-time with image		
		documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
		performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since	
eneral/Family Practice	Approval	echocardiography	the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	15
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	15
eneral/raining Fractice	Арргочаг	93307 Echocardiography, transthoracic, real-time with image	study is being ordered for Evaluation of Health andre, This is for the initial evaluation of Health andre.	
		documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a	2
eneral/Family Practice	Approval	echocardiography	history of a recent heart attack or hypertensive heart disease.	
		93307 Echocardiography, transthoracic, real-time with image		
		documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
		performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of	1
neral/Family Practice	Approval	echocardiography	hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	
		93307 Echocardiography, transthoracic, real-time with image		
		documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	5
		performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of	,
eneral/Family Practice	Approval	echocardiography	hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	
		93307 Echocardiography, transthoracic, real-time with image		
		documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	12
eneral/Family Practice	Approval	performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Pulmonary Hypertension.	
		93307 Echocardiography, transthoracic, real-time with image	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic	
		documentation (2D), includes M-mode recording, when	Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study	1
neral/Family Practice	Approval	performed, complete, without spectral or color Doppler	is unknown.	
			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	
		93307 Echocardiography, transthoracic, real-time with image	evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	1
		documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	
eneral/Family Practice	Approval	echocardiography	shortness of breath; Shortness of breath is not related to any of the listed indications.	
eneral/raining Fractice	Арргочаг	93350 Echocardiography, transthoracic, real-time with image	silot tiless of breath, silot tiless of breaths not related to any of the instea indications.	
		documentation (2D), includes M-mode recording, when	Patient has been having chest wall pain; This is a request for a Stress Echocardiogram.; This patient	
		performed, during rest and cardiovascular stress test using	has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for:	1
eneral/Family Practice	Approval	treadmill, bicycle exercise and/or pharmacologically induced	CAD, post MI evaluation, or as a pre/post operative evaluation.	
, , , , , , , , , , , , , , , , , , , ,		93350 Echocardiography, transthoracic, real-time with image		
		documentation (2D), includes M-mode recording, when	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There	
			The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There	
		performed, during rest and cardiovascular stress test using		2
		performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced	are document is presenting with symptoms on 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	2
eneral/Family Practice	Approval		are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear	2
eneral/Family Practice	Approval	treadmill, bicycle exercise and/or pharmacologically induced	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	2
eneral/Family Practice	Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	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	
eneral/Family Practice	Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 93350 Echocardiography, transthoracic, real-time with image	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	3
	Approval Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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	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.	
. ,		treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 93350 Echocardiography, transthoracic, real-time with image	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. 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	
· ,		treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress	3
eneral/Family Practice eneral/Family Practice		treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac	
neral/Family Practice	Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 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	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The 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.;	3
neral/Family Practice		treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 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;	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac	3
neral/Family Practice	Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 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; 93350 Echocardiography, transthoracic, real-time with image	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The 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.	3
neral/Family Practice	Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 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; 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including	3
eneral/Family Practice eneral/Family Practice	Approval Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 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; 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac	3
neral/Family Practice neral/Family Practice	Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 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; 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	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including	2
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eneral/Family Practice eneral/Family Practice	Approval Approval Approval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; 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 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; 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 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	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. This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. This 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 Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for	3 2 7
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General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		APPROX 1.1 CM PULMONARY NODULE; This request is for a Low Dose CT for Lung Cancer Screening; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		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.	3
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.	30
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
General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Unknown; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	3
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	3
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is 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
		70450 Computed tomography, head or brain; without contrast		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of	1
General/Family Practice General/Family Practice	Disapproval	material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	neurologic symptoms. Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1
General/Family Practice	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 does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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.	2
General/Family Practice	Disapproval	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 trauma or injury.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	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 new onset of seizures or newly identified change in seizure activity or pattern.	1
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Concess Parent Practice Dispersion The State Companies to Image Parent Practice The State Companies The Image Parent Practice The State Companies to Image Parent Prac			70450 Computed tomography, head or brain; without contrast		disturbances and worst headache of patients life; Medication for pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
Secretify-his Practice Description in Practic	General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	Oncology or Radiation Oncology	
Simple of Particle Simple	General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI.	1
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APRIL Computed tomography, head or brany, without contrast APRIL Computed tomography, head	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary	headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple	1
Secretal Family Practice Obseptivat Obse	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary	headache.; This study is being ordered for new onset of seizures or newly identified change in	1
Seneral/Tamily Practice Disapproval Disapp	General/Family Practice	Disannroval		Radiology Services Denied Not Medically Necessary	treatment or conservative therapy.; Changes in speech, trouble walking, and incontinence, right sided weakness, abnormal muscle tone.;;Mass unable to be excluded from chest x-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	1
Obsproval Disaproval material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without contrast material TO 450 Computed tomography, head or brain; without cont			70450 Computed tomography, head or brain; without contrast		abnormal gait and dizziness, leans to left when walking, positive Romberg, DTR 2+ bi laterally; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for	1
7659 Computed tomography, head or brain; without contrast General/Family Practice Disapproval Total Computed tomography, head or brain; without contrast General/Family Practice Disapproval Total Computed tomography, head or brain; without contrast General/Family Practice Disapproval Total Computed tomography, head or brain; without contrast General/Family Practice Disapproval Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast General/Family Practice Total Computed tomography, head or brain; without contrast Total Computed tomography, head or brain; wit					Chronic nonintractable headache, unspecified headache type; 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	1
General/Family Practice Disapproval Disapp	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary	sleeping and feels fatigued during the day.; This is a request for a brain/head CT.; The study is being	1
daily headachE, This is a chronic problem. The current episode started more than Layear ago. The problem occurs adalls. The problem has been gradually worsening. The pain is located the bilateral region. The pain does not radiate. The pain has a calculation of a headache; The pain has a vadiate for a brain/head CT. The study is being requested for a brain/head CT. The study is being radiated for a brain/head CT. The study is being radiated for a brain/head CT. The study is being radiated for a brain/head CT. The study is being radiated for a brain/head CT. The study is being radiated for a brain/head CT. The	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary	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	1
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. 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 804000g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 804000g Services Denied Not Medically Necessary material 80500g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary material 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 80600g Services Denied Not Medically Necessary inflammation, multiple sclerosi or seizures. 8070450 Computed tomography, head or brain; without contrast infl	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary	problem occurs daily. The problem has been gradually worsening. The pain is located in the bilateral region. The pain does not radiate. The pain quality is no; 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	1
General/Family Practice Disapproval material Radiology Services Denied Not Medically Necessary Forgetful; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is NoT being requested for evaluation of a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is NoT being requested for evaluation of a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is NoT being requested for evaluation of a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is NoT being requested for evaluation of a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is horized to a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is horized to a headache.; The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is horized to a brain headache. The headache is described as chronic or recurring. Forgetful; This is a request for a brain/head CT.; The study is horized to a brain headache. The headache is described as chronic or recurring. Forgetful; This is a request for a brain/	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary	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	1
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 something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures. HA chronic, severe with ext strabismus or or bid inflammation, multiple sclerosis or seizures. HA chronic, severe with ext strabismus or or bid inflammation, multiple sclerosis or seizures. HA chronic, severe with ext strabismus or or bid inflammation, multiple sclerosis or seizures. HA chronic, severe with ext strabismus or or bid inflammation, multiple sclerosis or seizures. HA chronic, severe with ext strabismus or bid inflammation, multiple sclerosis or seizures. HA chronic, severe with ext strabismus or bid inflammation, multiple sclerosis or seizures. HA chronic, severe with ext strabismus or bid inflammation, multiple sclerosis or seizures. HA chronic, severe with ext strabismus or bid sclero	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary		1
70450 Computed tomography, head or brain; without contrast material requested for evaluation of a headache.; The headache is described as chronic or 1 recurring. 70450 Computed tomography, head or brain; without contrast material requested for evaluation of a headache.; The headache is described as chronic or recurring. 8adiology Services Denied Not Medically Necessary head or brain; without contrast requested for evaluation of a headache.; The headache is described as chronic or recurring. 8adiology Services Denied Not Medically Necessary material requested for evaluation of a headache.; The study is being requested for evaluation of a headache and neck mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 8adiology Services Denied Not Medically Necessary Headache not improved by pain medicine; 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. 8adiology Services Denied Not Medically Necessary Headache not improved by pain medicine; This is a request for evaluation of a headache; The headache is described as chronic or recurring. 8adiology Services Denied Not Medically Necessary requested for evaluation of a headache; The headache is described as chronic or recurring. 8adiology Services Denied Not Medically Necessary requested for evaluation of a headache; The headache is described as chronic or recurring. 8adiology Services Denied Not Medically Necessary requested for evaluation of a headache; The headache is described as chronic or recurring. 8adiology Services Denied Not Medically Necessary requested for evaluation of a headache; The headache is described as chronic or recurring. 8adiology Services Denied Not Medically Necessary requested for evaluation of a headache; The headache is described as chronic or recurring. 8adiology Services Denied Not Medically Necessary requested for evaluation of a headache; The headache is described as chron	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary	a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice Disapproval Touch of the discally Practice Disapproval MRS, PET Scan, or Unlisted CT/MRI. Touch of a beadache; The study is being a dealor of the study is being and the study is	General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice Disapproval material Radiology Services Denied Not Medically Necessary requested for evaluation of a headache; The headache is described as chronic or recurring. headache; The headache is described as chronic or recurring. headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary		1
	General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
	General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Intermittent dizziness/poor balance, recurrent falls, Vertigo of central origin; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	migraine like, tension, medicine not helping, no trauma; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Numbness and weakness in left arm. Severe pain in shoulder and arm. Headaches are getting more intense.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Ongoing severe headaches for 2 weeks. Medications are not improving headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient describes the feeling as "free falling" sensation. States she is forgetting what task she is performing and why, directions, ect.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient fell on her face April 15,2019 and has had headaches off and on since then. She has an indention in her forehead, patient reports that she was unconscious.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	patient has 7-8 migraines a month; no medication prescribe to this point is helping;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has an enlarged limp nodes.; This study is being ordered for a neurological disorder.; 6-24-2019; There has not been any treatment or conservative therapy.; Severe headaches on the left side.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Positive tinels and phalens.; This study is being ordered for a neurological disorder.; 07/15/2019; There has been treatment or conservative therapy.; Dizziness and numbness to upper extremity. Pain with motion.; Physical therapy and medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		70450 Computed tomography, head or brain; without contrast		Pt fell and hit head yesterday. Complains of dizziness, confusion, memory loss, multiple episodes of vomiting and knot to right temple.; 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	1
General/Family Practice General/Family Practice	Disapproval	material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	(within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. pt got hit in the head with a lead pipe back in 2010 and have headaches ever since; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pt has had Lymphadenopathy for 3 to 4 weeks; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pt having dizzy spells and frequent falls.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is experiencing delusional paranoia and slurred speech. Dr thinks Pt is dealing with stress induces psychosis; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having dizziness and near syncope, she is having multiple spells of dizziness a day.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	ROS; Patient reports Fatigue but reports no fever and Appetite good. She reports loss of consciousness, seizures (??), and frequent or severe headaches but reports no weakness and no numbness. She reports depression, anxiety, and stress but reports no alc; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Suspicion of cancer, Mother had colon cancer, father had pancreatic cancer, history of smoking; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Symptoms have been present for one week. Bilateral pounding pain.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	SYNCOPE AND VISUAL CHANGES - HEADACHES INCREASING; 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. Thinks she is having some memory issues. Did have TBI to the back of head from previous husband,	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	heat several times. About 14 yrs ago. Never got it looked at then. She is noticing more and more issues with her memory, forgetting more important things.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	3
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	throbbing pressure, sharp pain, injury above right ear (unsure of what injury was); This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	to determine why the Pt is having the symptoms; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 09/04/2019; There has been treatment or conservative therapy.; Unknown; Patient had pain meds and muscle relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unkown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	vomiting; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
		70480 Computed tomography, orbit, sella, or posterior fossa or		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.; cough; Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Fractice	Disappioval	CONTRACTION	Radiology Services Defiled NOT Medically Necessary	Terriatologist, Officiologist, Thoracic Surgery, Officiology, Surgical Officiology of Radiation Officiology	
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; 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
		70486 Computed tomography, maxillofacial area; without	D. P. L. G. C. C. D. C. L. N. J. M. J. H. M.	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-	1
General/Family Practice	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	compromised.; Yes this is a request for a Diagnostic CT	
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	He also complains of chronic sinusitis since he was 11. Has been using afrin since. He is requesting to see ENT; 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	
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	headaches especially in the morning in his sinus area, atypical headache ranging in his right temporal region, dry eyes with blurred vision similar to when he had "welders conjunctivitis". Unspecified disorder of nose and nasal sinuses;CT scan of the s; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS ALREADY SEEN EYE DR AND NEED THIS DONE ASAP; This study is being ordered for sinusitis; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	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.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; 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 months ago; There has been treatment or conservative therapy.; pt is having chromic cough. coughing for 4 months . Pt has hoarseness and 30 pack per year habit of smoking; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	ELEVATED PARATHYROID GLANDLUMP ON THROAT; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
		70490 Computed tomography, soft tissue neck; without	,	headache and neck mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
General/Family Practice	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Here today for L Sided face/throat pain x3 months, was seen 1 month ago and given keflex but patient had no relief. He had mild cervical lymphadenopathy at previous apt but s/s has worsened since previous apt. lymph nodes are larger today than prior apt.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Past CT scan have shown a lung and neck mass. Patient now having weight loss and a decrease of applitite; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
		70490 Computed tomography, soft tissue neck; without		Patient having fullness feeling or as if something is stuck in throat when eating or drinking. Patient states that it feels like a lump is in throat. Swelling is noted on physical exam on side of neck. Patient states it is becoming difficult to swallow; 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	1
General/Family Practice	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	Diagnostic CT	

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; Patient says 3 months ago, but this is the first doctor's visit.; There has not been any treatment or conservative therapy.; Face tingling, mass on neck, left ear pain, goes down into throat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 09/04/2019; There has been treatment or conservative therapy.; Unknown; Patient had pain meds and muscle relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ceneral, rammy racease	элэгрэгочи.	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and		Silection of the state of the s	1
General/Family Practice	Disapproval	image postprocessing 70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	
General/Family Practice	Disapproval	material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/03/2019; There has been treatment or conservative therapy.; ; Medication, ultrasound, upper extremities and x ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3 Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/11/19; There has been treatment or conservative therapy.; arm pain, dizziness, headache, facial numbness, lumbar ridiculopthy; Hoem exercise, medication, Heat and ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
General/Family Practice	Disapproval	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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	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 a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1
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.	2
General/Family Practice	Disapproval	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.; 07/03/2019; There has been treatment or conservative therapy;; Medication, ultrasound, upper extremities and x ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		amnesia, memory loss, mixed anxiety and depressive disorder; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	chronic headache syndrome; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	chronic headache, vision disturbance, near syncope; This request is for a Brain MRI; The study is being requested for evaluation of a headache. The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Chronic nonintractable headache, unspecified headache type; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	g Radiology Services Denied Not Medically Necessary	Chronic severe headaches, numbness and tingling in lower extremities; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	considerable and persistent history of elevated prolactin level. Fatigue; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin		Dizzy for over a month worst when changing positions , and at times he wakes up with dizziness when sleeping. He sees spots , had poor balance and posterior headache. Member has tried over the counter meds. that didn't help.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin, brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Double vision.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	female who complains of recurrent headache for several day(s). ;She has a well established history of recurrent headaches.;Description of pain: throbbing pain, dull pain.;Associated symptoms: light sensitivity and nausea.;Patient has already taken not; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Fibro-osteoma; Her final complaint today is that there is a noticeable bump along her left upper eyelid that she had previously been diagnosed with as a junior senior in high school as a fiber osteoma. Her previous doctor, Edward pillow in Helena Arkansa; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	headache for 3 days nowchronic headaches for last 3 months. Current headache is more severe; 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
Seneral/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Headaches: She tells me they are actually better but she still has them about every other day. They hurt at both sides of her frontal area sometimes associated with nausea. She is not really having light sensitivity at this time but she tells me she worri; This request is for a Brain MRI; The study is being requested for evaluation of a headache; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		MIGRAINE HA'S, NAUSEA, DR PACE PRESCRIBED SUMATRIPTAN AS NEEDED, HELPS EASE, BUT PAIN PERSISTS. ;; This request is for a Brain MRI; The study is being requested for evaluation of a headache; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Migraine headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin, brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Mr. Daniel c/o headaches that feel like his head is being squeezed. The pain is so bad that he is unable to work. His headaches worsen as he tries to concentrate. The pain keeps him awake at night.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Pain in the temples. Headaches usually occur mid morning. Happening every day now. Previously improved but now reoccurring. Episodic tension type of headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material		patient has had severe headaches, right afacial pain and numbness, blurred vison for several months now; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PATIENT HAS PASSED OUT TWICE. LETHARGIC UPON AWAKENING. INTERMITTENT DIPLOPIA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Patient is having weight loss, unable to use left arm due to size of lymphoma in her left axilla.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin, brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Patient presents to clinic with chronic vertigo with hearing loss and tinnitus. Patient has had a normal exam with ENT.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Positive for dizziness, weakness, light-headedness and headaches. Positive for visual disturbance. Positive for decreased concentration and depression. The patient is nervous/anxious and has insomnia; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material		presents with dizzy spells, vision blacking out, worse in right eye, headaches and neck pain and forgetting her words and can't remember what/where she was in a sentence talking. Pt states her biological mother has MS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Pt is experiencing pain above right eye. Its worse in the morning. Throbs when he bends over. Pt has no head injury or prior headaches. Doctor wants to rule out brain tumor or mass; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt was in car accident on 6/28/2019 persistent headache, double vision and concussion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	r/o ms pt is having fatigue pain and weaknesssuspects ms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	SEVERE MEMORY LOSSMENTAL STATUS CHANGES; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin	g 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 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
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin	g Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 2 weeks.; There has been treatment or conservative therapy.; Migraines, memory loss, taking medication, and right eye lesion; Patient takes headache medicine and migraines are more frequent.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Virginia L Griffith, a 73 y.o. female presents with a Chief Complaint of Back Pain (discuss further treatment and weakness in arms and low back and legs and some increased incon and retention and balance is off); This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	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	2
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/2019; There has not been any treatment or conservative therapy; Abdominal pain, appendix has been removed already.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; There has been treatment or conservative therapy; cough; 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
Carrell Family Partic	Diameter of	71250 Computed tomography, thorax; without contrast	Dedicates of an inco During May Madisully Newscool	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 9/10/2019; There has been treatment or conservative therapy; pain, aching, tender in abdomen, decreased appetite, weight loss (19 pounds in 1.5 months).; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT	1
General/Family Practice General/Family Practice	Disapproval Disapproval	material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	5
General/Family Practice	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.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Diameter of	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking;. The patient has a 30 pack per year history of smoking;. The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Diagnostic CT ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2-3 months ago; There has not been any treatment or conservative therapy.; Changes in speech, trouble walking, and incontinence, right sided weakness, abnormal muscle tone.;;Mass unable to be excluded from chest x-ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	03/06/2019 Cough is keeping him awake at night. Denies cold like symptoms, fever body aches or chills. Stated he feels it start in the back of his throat when it starts.;06/07/2019 Pt reports he has had a cough for about 4 months now. pt states that d; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2.5cm ovoid density central right upper lobe seen on cxr- recommends CT Chest; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast	Radiology Services Denied Not Medically Necessary	51 year old Hispanic female presenting today with c/o of pain on left side of body. Pain in left ear, shoulder, chest and arm. Also complaining of shortness of breath. Symptoms started about 2 weeks ago. Denies any nausea or vomiting. Pain has been consta; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.;	1
General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	Yes this is a request for a Diagnostic CT	1
General/Family Fractice	ызарргочаг	Haterial	naturology services beniet not medically necessary	A spot on the pt's heart was not documented on prev X Ray. Wants to add Dx code to see if we can get it to approve; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A spot on the pt's heart was not documented on prev 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	1
Canada (Canada Danakian	Diamana	71250 Computed tomography, thorax; without contrast	Dadislam, Canisas Danied Mak Madisally Nassassas	Abnormal chest EXRAY; A Chest/Thorax CT is being ordered.; The study is being ordered for none of	1
General/Family Practice General/Family Practice	Disapproval	material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	the above,; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Cardiac sil at upper limits of normal. mediastinum is widened unsure of etiology. Lung fields are clear no infiltrate or effusion noted Asses normal cxr with widened mediastinum rec ct of chestnown If No Info Given.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic obstructive pulmonary disease; A Chest/Thorax CT is being ordered, The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	COPD;Reported by patient.;Onset/Timing: chronic;Duration: constant;Severity: very limiting; moderate;Context: cigarette smoking;Aggravating factors: worse with exertion;Associated Symptoms: arouses from sleep; coughing up sputum; large amounts; There is no radiologic evidence of asbestosis; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material		couching constanty producing sputum pneoumnia; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	a Diagnostic CT CT LUNG SCREEN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In U expiratory wheezing and dry rales/crackles and good air movement; nknown If No Info Given.; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of paeumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
		71250 Computed tomography, thorax; without contrast		Enter answer here - or Type In Uarea of possible mass vs scarring to the R lower lobe at this time, there is R elevation of the diaphragm noted, there is increased markings throughout the lung bilaterallynknown 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	1
General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	

General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknow Chronic obstructive pulmonary diseasen If No Info Given.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	FOLLOWUP 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	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Has strange auto warm anti body hemolytic anemia . Showed in December , incidental finding of lung nodules. CT chest in Dec. of last year follow-up-decreased bin size . Due to autoimmune symptoms would like to do another scan to see if size has decreased.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	HAVING CHEST PAIN AND CONJUSTION FAMILY HISTORY OF CO-PD; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	History of COPD: Currently on trilogy triple therapy. Her symptoms are consistent with COPD.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	hx of granuloma left low lobe; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Needing updated imaging to see pulmonology; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Past CT scan have shown a lung and neck mass. Patient now having weight loss and a decrease of appitite; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has nicotine dependence.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unsure, it's been ongoing for several months.; There has been treatment or conservative therapy.; Unexplained weight loss, coughing, nausea and fatigue.; Patient is undergoing treatment to quit smoking.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient went to the ER and is nauseated and that is why the doctor wants this 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	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	previous chest ct showed patient having a 4.6mm lung nodule in the right middle lobe. 2016; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt had a lung scan done in Feb 2019, has a 6.1 mm lungs rad three in right lower lobe; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt having some breathing problems with a hx of emphysema. had a spot on his lungs years ago and never had a fup study done. is a current everyday smoker 1.5 pkgs a day. has been having unintentional wt. loss, hx of thrombocytopenia; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having weakness, and diarrhea. He has had a cough for over a month and he has been having abnormal weight loss.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt. had CXR on 07/31/2019, showed nodular pulmonary mass seen in left lung;; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	RAD RECOMMENDED A 3 MONTH FOLLOWUP CT DUE TO 15MM IRREGULAR RUL NODULE, ALSO HAD PRESENCE OF ADJACENT BRONCHIECTOSIS AND Centrilobular emphysema with biapical bullous disease. CURRENT EVERYDAY 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	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Recommending a follow up CT, abnormal 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	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Set up for chest ct as heart work was neg.; He is stillhaving pain in his ribs or chest and feels this is getting wrose he calls this a burning pain and feels most pain unDer his left breast; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	sinus congestion drainage and wet cough in the AM,dry cough during the day -seen at ER and has had steriod shot,lab,xray,antibiotic,cough pills,inhaler,but still has cough. ***Chest xray shows Worsening parenchymal density at the left base with continued; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Solitary nodule of lung;R91.1: Solitary pulmonary nodule;CT, CHEST, W/O CONTRAST; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	sternum pain. ongoing for 2 yearsX-rays were normal; 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	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Suspicion of cancer, Mother had colon cancer, father had pancreatic cancer, history of smoking; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		71250 Computed tomography, thorax; without contrast		unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 08/16/2019; There has been treatment or conservative therapy.; Cough, shortness of breath, pneumonia; Anitbiotics and inhalers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	1
General/Family Practice General/Family Practice	Disapproval Disapproval	material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Surgery, Oncology, Surgical Oncology or Radiation Oncology Upper respiratory infection, ongoing cough, shortness of breath .; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast	Radiology Services Denied Not Medically Necessary	WE HAVE RECEIVED RECORDS FROM PREVIOUS CT RESULTS FROM 2016. PATIENT HAD A FOLLOW CT IN 2016 THAT RESULTED IN A 4.6MM NODULE THAT WAS PREVIOUSLY 3.2; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
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General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray shoed large lung nodule great than 1 cent. irregular shaped. Member has been a smoker for 30 plus years.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Acute Bronchitis, Dyspnea on exertion; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 08/16/2019; There has been treatment or conservative therapy.; Cough, shortness of breath, pneumonia; Anitbiotics and inhalers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown if No Info Given. 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
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown if No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; spinanosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical radiculopathy;M54.12: Radiculopathy, cervical region;MRI, CERVICAL SPINE, W/O CONTRAST arthralgias/joint pain and back pain.; no dizziness; no lightheadedness; no chest pain; no shortness of breath; no palpitations;Medications: taking med; This study is not to be part of a Myelogram;This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Lymphedema. Swollen lymph nodes.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	NO INFO GIVEN; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has an enlarged limp nodes.; This study is being ordered for a neurological disorder.; 6-24-2019; There has not been any treatment or conservative therapy.; Severe headaches on the left side.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Positive tinels and phalens.; This study is being ordered for a neurological disorder.; 07/15/2019; There has been treatment or conservative therapy.; Dizziness and numbness to upper extremity. Pain with motion.; Physical therapy and medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Reports that neck and lower back hurt on a daily basis and will rate 10/10 on pain scale. Reports headaches due to neck pain, denies blurred vision. Does have occasional dizziness. Reports increased numbness and tingling on bilateral arms or bilateral leg; This study is being ordered for a neurological disorder.; pot claims years, Xrays 03/04/2019 from chiropractor; There has been treatment or conservative therapy.; Pt states for the past year he has been having joint, neck, and back pain.; Chiropractic 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 stab wound in cervical 12 years ago. Cervical spine pain.; This study is not to be part of a	
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; spinanosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; 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
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; spinanosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Reports that neck and lower back hurt on a daily basis and will rate 10/10 on pain scale. Reports headaches due to neck pain, denies blurred vision. Does have occasional dizziness. Reports increased numbness and tingling on bilateral arms or bilateral leg; This study is being ordered for a neurological disorder; pot claims years, Xrays 03/04/2019 from chiropractor; There has been treatment or conservative therapy.; Pt states for the past year he has been having joint, neck, and back pain.; Chiropractic and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	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
		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	1
General/Family Practice General/Family Practice	Disapproval	material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. > Acute neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Series and turning Fractice	ызирыоча	72141 Magnetic resonance (eg, proton) imaging, spinal canal	nedicion of services believe the medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a	1
General/Family Practice	Disapproval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	Radiology Services Denied Not Medically Necessary	Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing	1
General/Family Practice	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	

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
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.; Neurological: Positive for headaches. Here for follow up and refill medication. Has history of chronic lumbar back pain and also has frequent migraine headaches. Reviewed and discussed medications with him and refilled as needed. B? has been better contro	1
Canada (Farable Departies	Discount	72141 Magnetic resonance (eg, proton) imaging, spinal canal	Redictors (Paris - Registed New Mediculty Newscore)	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.;	1
General/Family Practice General/Family Practice	Disapproval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	positive tenels and thalens 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.; Arm weakness, weak limbs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; Found the right side of the neck and arm as well 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type in Unknown if No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left upper extremity tingling, numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.; 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.; sent home with home exercises today; Flexeril	1
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; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	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; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	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.; 06/03/2019; There has been treatment or conservative therapy.; Headache, neck pain; NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has been treatment or conservative therapy.; low back pain and neck pain; HEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 6/2018; There has been treatment or conservative therapy.; pain meds-back pain neck pain radicular pain; PT Steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; More than 2 years but now exact date.; There has been treatment or conservative therapy.; Significant numbness in hands and feet. Pain in the thoracic region and sciatica; Resting while using heat/ice, chiropractic treatments and anti-inflammatory medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 4 years ago; There has been treatment or conservative therapy.; CS intense pain vision disturbancesnumbness and tingling in both upper extremitiest. Sintense pain radiating down both legslimited ROMlumbar spine tenderness and straight leg positive; patient has been seeing a chiropractor for 4 years, no reliefon oxycodone 10-325 diclosenac gel and by mouth; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms, There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	2
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does 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.; Chronic back pain, radiculopathy, stiffness, sciatica on left side with numbness and tingling	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Patient has a hard time turning the neck.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; 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.	3

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has had neck injury earlier in year. Pain, also chronic shoulder pain. having sob, and seen cardiologist and test normal. pft abnormal.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is still having pain after having physical therapy. she has decreased range of motion and bony tenderness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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.; Presents with over 2 week history of right arm pain, states that pain radiates form the neck with severe pain and numbness to the RUE extending to the hand, no trauma or falls; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the right arm and into the 4th or 5th finger; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; 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.; STRETCHING & Description of the patient has directed and the patient has directed and prescription medication and follow-up office visits.; STRETCHING & Description has directed and prescription has directed and prescription and follow-up office visits.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 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.; No change.; Oral steroids and Nsaids.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 foot pain. She has chronic gout. She may end up in a walking boot for the left foot due to the foot pain.; She is having referred pain up the leg from the left foot into the left lower leg.; Experiencing numbness of the last 3 fingers on the left s; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 (left shoulder pain x1 months states that arm goes numb and arm spasm advil does help some); Neck Pain; Pain location: L side; Quality: Aching and burning; Pain radiates to: L shoulder and L arm; Pain severity: Moderate; Duration: got wors; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient presents with cervical radiculopathy. The pain affects the right shoulder and radiates down into the right hand. Numb sensation in all fingers of right hand. She was previously evaluated for this by Dr. Dickson, who felt this was nerve damage and; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	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.; 5 months ago; There has been treatment or conservative therapy.; in lower back with radiation to the hip and thigh and lower leg, pain is severe, constant pressure, also has weakness; NSAIDS, rest and has had previous back surgeries x2; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unitsed CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; Numbness, instability and pain; anti inflammatory meds and pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No InPatient reports muscle aches, arthralgias/joint pain, and back pain (to the lumBack: Thoracolumbar Appearance: lower back pain bilaterally, paraspinal fullness noted throughout the lumbar spine b; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 08/16/2012; There has been treatment or conservative therapy.; CHRONIC BACK PAIN, DEGENERATIVE DISC DISEASE, NEUROPATHY; PHYSICAL THERAPY, STEROIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 7/22/19; There has been treatment or conservative therapy.; Pt c/o pain left shoulder and neck, following one week ago. ;Pt was shopping at walmart, tripped over an item in the floor, fell arm against cart and landed on left side. Had immedaite onset soreness of left side and neck, bruising left upper arm from c; Has gone to chiropractor, Dr. Woods, had xray spine, left shoulder, left ankle. Has had treatments x 3 past week, limited pain relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Complains of odd feeling of intermittent tingling and numbness back of head. Feels brief "shocks" at times. Denies really having much of a headache. Denies neck pain. She says it has been going on for a week this time but has been an intermittent issue in; This is a request for cervical spine MRI; None of the above; 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.	
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Degenerative disc disease.; 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 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
Canad (Sanita Danation	Ni-second.	72141 Magnetic resonance (eg, proton) imaging, spinal canal	Redictors Continue Desired New Mediculty Newscoop	Fell off a house; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; C spine surgery 2-3 years ago.; There has been treatment or conservative therapy.; History of cervical spine surgery Degenerative disc disease - lumbarChronic pain; medicine, 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	1
General/Family Practice General/Family Practice	Disapproval Disapproval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Surgery, Oncology, Surgical Oncology or Radiation Oncology Hand numbness/tenderness, right arm pain, negative EMG, negative C spine x-ray; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	home exercises given 6/28/19 failed. medication therapy failed; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for tingling, weakness and numbness patient is complaining of dropping objects of 3-4 lbs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	HX OF NECK SURGERY, SHE IS HAVING NECK PAIN WHICH IS CHEONIC BUT ACUTE AT PRESENT. SHE IS SEEING PAIN MANAGEMENT; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	hx of spinal fracture as teenager; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and numbness in RUE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Known neuroforaminal stenosis of C6/7 and T1. Patient in significant pain. Last MRI over one year old and neurosurgeon will not see patient without recent MRI. Patient has had multiple steroid injections, completed PT, pain management failed.; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain, weakness in the arms, shoulder pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	needs MRI to determine cause of neck pain w/numbness, tingling and weakness in arms. failed conservative treatment; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; originally seen 3/19/19 c/o neck pain, weakness, tingling, numbness in arms. had pt in October 2018 with no improvement. symptoms worsening. f/u 7/22 with no improvement after being on naproxen, flexeril and hydrocodone; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neurological: Positive for tingling (in arms off and on) and numbness (off and on in arms).; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	numbness and tingling in the arms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral Arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

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 management several procedures and injection none have worked left side weakness symptoms worse over past 6 months; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. Patient had an abnormal x-ray but no fracture shown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had nerve conduction study done and results showed moderated right C8/T1 radiculopathy; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right arm pain/numbness/tingling and also tingling/numbness in fingers.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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 complaining of neck pain since 6/15/17. conservative therapy has failed.; 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.; Chronic neck pain;HEAT/ICE, MASSAGE, REST, MAY USE AN ACE WRAP OR BRACE FOR COMPORT, TAKE MEDICATIONS- tramadol, flexeril amd medrol dose pak- AS DIRECTED, GUIDELINES DISCUSSED FOR PAIN RELIEF. FOLLOW UP EVERY 3 MONTHS AND SOONER IF NEEDED If s/s pers	1
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 seen for several visits with complaints of neck pain and has also had visit to ER for worsening neck pain. Xray indicates degenerative disc disease at several levels.; 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 has used rest, ice, NSAIDS and home exercise without relief to pain; cyclobezaprine 10 mg, tramadol, mataxalone 800 mg	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has ongoing neck pain radiating to upper extremities. Attempted physical therapy however now has weakness in both upper extremities on exam. also c/o numbness and tingling. Symptoms appear to be worsening; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness; numbness and tingling in arms. weakness of upper extremities noted on exam; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient having back and hip pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports dull. He reports worsening. He reports numbness (left ulnar hand) but reports no fever, no weak limbs, no tingling, and no incontinence. He reports bilateral neck. He reports constant. He reports improve with medication.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; hydrocodone-acetaminophen	1
General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary	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	

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 with worsening lumbar and cervical spine pain that does not lessen with 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.; 08/08/2019; There has been treatment or conservative therapy.; Patient with lumbar pain that radiates to hips with standing, Patient with cervical spine pain that radiates to shoulders and worsen with movement such as turning head.; patient has taken norco, celebrex, and diclofenac, and patient still with pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient with worsening neck pain, abnormal xray results, MRI requested for Neurosurgery consult.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; stretching, rest, ice; Diclofenac sodium 75 mg, meloxicam	1
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 with worsening pain in the cervical and lumbar spine regions. Patient has tried medications as well as physical therapy without relief.; This study is being ordered for trauma or injury.; Patient first complained of these symptoms O2/06/2019; There has been treatment or conservative therapy.; pain in the cervical and lumbar spine; Patient has completed six weeks of physical therapy. Patient has taken Nsaids, steriods, and muscle relaxers without relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has chronic neck pain, but was recently in an MVA and pain is worse with tingling and numbness into extremities.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt tried PT and home exercises with no success, medications; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left hand gripp weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT w/ a personal history of left shoulder surgery. PT w/ increasing pain that makes movement in left extremity difficult. PT ROM in left upper extremity and neck decreased.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt w/ chronic neck pain and chronic back pain. Unresponsive to prescription therapy x6 months, physical therapy x6 weeks. Pain is increasing over the last week and has caused mobility to become difficult. Pain radiates from neck to shoulders, and in the I; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt with c/o of chronic back pain that continues to worsen over the past several months. PT has been on prescription therapy greater than 6 weeks with no response.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT with no improvement; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weak 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
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		Pt. is having Cervical Radiculopathy and Acute L Shoulder Pain.; One of the studies being ordered is a	1
General/Family Practice	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	r/o source of pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 10 years ago; There has been treatment or conservative therapy; pain, limited range of motion; medication, injections, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Recent MRI is required for referral to neurosurgeon; 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 not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Refill Gabapentin Capsule;BACK AND NECK PAIN WORSENING OVER PAST 6 MOS. PT ALSO HAS TREMORS;;NEUROLOGIC: alert and oriented, cognitive exam grossly normal, cooperative with exam, cranial;nerves 2-12 grossly intact, gait normal, intention tremor bi; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Reviewed Problems; Gastroenteritis; History of lumbar fusion - Onset: 09/17/2018 - performed mid Sept 2018/Kathryn McCarthy MD; Spasm of muscle of lower back; History of operative procedure on foot; Esophagitis; Injury of abdominal wall; Iron deficiency -; This is a request for 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.; HPJ; here to f/up on the right shoulder, but has had no improvement. Describes the pain as running down from her lower neck across the "shoulder" (trapezius) and into the outside upper arm, such that it hurts to raise or abduct the arm at the shoulder mor	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	right arm pain, numbness, and tingling ongoing for few months, history of cervicalgia with chronic back and neck pain, pain radiating from neck. weakness in right hand; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in right hand, frequently drops items picked up; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	SUGGESTED BY RADIOLOGIST AFTER X-RAY.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2018; There has been treatment or conservative therapy.; Back pain, neck pain, tingling in legs; Pain Mangement, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Tingling in left shoulder to the finger tips that occurs randomly.;Feels like has weakness in the left arm.;Sometimes it is hard for him to grip something with his left arm.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Trigger injection did not help. Patient reports muscle weakness and joint pain, inability to function on rt side and do adl's, chronic neck and rt shoulder pain requiring oral pain meds. Limited range of motion. XR was negative for fracture or dislocation; This study is being ordered for trauma or injury.; 04/04/2019; There has been treatment or conservative therapy.; pain, sharp and worsening, in neck, shoulder, and elbow.; Joint injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Uknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The	1
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 does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in her upper extrimities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	umbar back: He exhibits decreased range of motion, tenderness, bony tenderness and spasm. Neurological: He is alert and oriented to person, place, and time. He has an abnormal Straight Leg Raise Test (And approximately 15 degrees on the left. Right side; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for back pain, joint pain, myalgias and neck pain. Acute midline low back pain with bilateral sciatica Arthralgia, unspecified joint; Labs done today to rule out anything autoimmune due to diffuse joint pain. Will notify of results once received; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	will fax; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; will fax; It is not known if there has been any treatment or conservative therapy.; will fax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	worsening neck pain. needs referral to specialist but needs current MRI to determine extent of degenerative disc disease and stenosis.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; chronic, worsening neck pain. weakness and tingling in the arms. radiates to bilateral shoulders. Previous imaging shows degenerative disc disease and poss herniated disc as well as spinal stenosis. has tried pt and epidural injections in the past wit; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	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.; 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
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic 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

				Enter answer here - or Type In Unknown If No Info Given. This study is 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.	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		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	
General/Family Practice	Disapproval	and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Oncology or Radiation Oncology	
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; More than 2 years but now exact date.; There has been treatment or conservative therapy; Significant numbness in hands and feet. Pain in the thoracic region and sciatica.; Resting while using heat/ice, chiropractic treatments and anti-inflammatory medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; unknown; There has been treatment or conservative therapy.; The pt has migraines, scoliosis, back, lumbar, thoracic pain,; NSAIDs, shots, PT;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	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.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.;; There has been treatment or conservative therapy.; Numbness, instability and pain; anti inflammatory meds and pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 08/16/2012; There has been treatment or conservative therapy.; CHRONIC BACK PAIN, DEGENERATIVE DISC DISEASE, NEUROPATHY; PHYSICAL THERAPY, STEROIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	been diagnosed w. thoracic degernative disc disease; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care; The physician has not directed a home exercise program for at least 6 weeks.; muscle relaxer, pain medications, inceds.	1

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic bilateral low back pain with bilateral sciatica "Acute pain of right shoulder "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis "Chronic maxillary sinusitis "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis "Chronic maxillary sinusitis "Chronic maxillary sinusitis" ("Itamin D deficiency "Muscle pain "Multiple join", This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, she states her movement is getting increasingly limited, she also continues to have thoracic and lumbar pain with sciatica has failed therapy; There has been treatment or conservative therapy; Chronic bilateral low back pain "Chronic ethmoidal sinusitis "Acute pain of right shoulder "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis "Chronic maxillary sinusitis "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis "Chronic maxillary sinusitis "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis "Chronic maxillary sinusitis "Chronic maxillary sinusitis "Chronic maxillary sinusitis" "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis "Chronic maxillary sinusitis" "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis" "Chronic maxillary sinusitis" "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis" "Chronic maxillary sinusitis" "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis" "Chronic maxillary sinusitis" "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis" "Chronic maxillary sinusitis" "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis" "Chronic maxillary sinusitis" "Chronic bilateral thoracic back pain "Chronic ethmoidal sinusitis" "Chronic bilateral thoracic back pain "Chronic b	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Has acute fracture of the L1 (compression fracture)MD needs MRI to better evaluate if it is acute to see if pt needs to see neurosurgeon; This study is being ordered for trauma or injury,; 7/21/2019; There has been treatment or conservative therapy.; Back pain radiating to his hipnumbness and tingling; Hot and cold Physical therapy is unavailable pt is obese; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	NOT ABLE TO LAY ON BACK; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/27/17; There has been treatment or conservative therapy.; BACK PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	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 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	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		patient having back and hip pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy,	1
General/Family Practice General/Family Practice	Disapproval	and contents, thoracic; without contrast material 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Physical therapy did not help symptoms, Persistent thoracic spine and lumbar spine 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.; 2013; It is not known if there has been any treatment or conservative therapy; Pain with palpation across cervical, thoracic, and lumbar spine. Mild decreased range of motion due to pain. numbness in upper extremities.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 stated last Thursday she was picking up a patient from the nursing home and then her lower back started burning. Pt stated she went to the WRMC ER and they gave her norflex and toradol injection. They did perform an xray on patient; This study is being ordered for trauma or injury; 07/04/2019; There has been treatment or conservative therapy.; Low back pain with burning sensation; norflex and toradol injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	pt with chronic midback pain, had evaluation in 2014, 'hairline crack' in T7. pain from midback and going down his left leg, and causes numbness in LLE occasionally; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; pt with hx of fracture and HNP in thoracic spine, and lumbar radicular pain down left leg; home exercise, regular nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	r/o source of pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago; There has been treatment or conservative therapy; pain, limited range of motion; medication, injections, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Scoliosis; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		Severe Pain low back, leg and feet, aching, sharp shooting pain down the leg; This study is being ordered for Inflammatory/ Infectious Disease.; 07/24/2019; There has been treatment or conservative therapy.; Low Back/hip pain; Steroid, physical therapy, home exercises, pain medicines; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	1
General/Family Practice General/Family Practice	Disapproval	and contents, thoracic; without contrast material 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Oncology, Surgical Oncology or Radiation Oncology 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?	3
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT DID NOT WORKSYMPTOMS WORSENINGRE-EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 10 years ago; There has been treatment or conservative therapy.; PAIN TO BUTTOX TO LOWER BACK; PTCHIROPRACTIC NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 6/13/2019; There has been treatment or conservative therapy.; back pain, numbness,; medication, physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation; Naproxen 500mg 1 tab twice a day.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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.; Back pain, unable to get out of bed, right sided pain. Right sided leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	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.; continued right leg weakness, has been getting better but has not discontinued; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; general low ext weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; 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
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 MRIL; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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.; clinical records will be sent; List meds heresoma is the name of the meds	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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; tx for 6 weeks with no improvement	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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

And substantive and work broke				Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 7-10-19; There has been treatment or conservative therapy.; Vision	
coresistant particles and contents are injury, enterested change, an exclusive plant county or interested processors of the processors of	General/Family Practice	Disapproval	Radiology Services Denied Not Medically Necessary	ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1
observations to the management of the management	General/Family Practice	Disapproval	Radiology Services Denied Not Medically Necessary	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative the Unknown If No Info Given 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	1
other thank-known traumar or lary, metastatic disease, a neurological disorder, inflammatory or infectious disease, congential annually or conservative therapy; chronic lose but pair, object therapy home exercises; One of the studies being ordered is NT 3 plants Milk, OFT SCAR, or United CT/MILT, the ordering Milks specially is NOT termstological disorder, inflammatory or infectious disease, congenital annually or contrast motivation. The ordering Milks specially is NOT termstological, throates, Surgery, Oncology, Supplied Disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, supplied disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, an everological disorder, inflammatory or infectious disease, congenital annually or vascular disease, disorders disorder	General/Family Practice	Disapproval	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; 05/11/19; There has been treatment or conservative therapy; arm pain, dizziness, headache, face; 01/11/19; There has been treatment or exercise, medication, Heat and 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	1
other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, 2 in/12/2017. Then she been treatment or conservative therapy; to back pain and neck pain; HEP, One of the studies being ordered is NOT a Perest MRJ, CT Colonoscopy, EEG, COLOnos	General/Family Practice	Disapproval	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; 106/17/2019; There has been treatment or conservative therapy; chronic low back pain; ohysical therapy /home exersizes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	1
other than: known trauma or injury, metastatic disease, a neurological dosorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, 25(2018; There has been treatment or conservative therapy; pain meds-back pain neck pain radicular pain; PT Steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MRS speciality is NOT Hematologisty/Conclogist, Thoracic Surgery, Oncology, Surgical To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiology Services Denied Not Medically Necessary To Standard Contents, lumbar; without contrast material Adiol	General/Family Practice	Disapproval	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; 10/12/2017; There has been treatment or conservative therapy.; low back pain and neck pain; 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	1
other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. Where than 2 years but now exact date.; There has been treatment or conservative therapy.; Significant numbers in hands and feet. Pain the thoracic region and sciatica. Resting while using heat/fice, chiropractic treatments and anti-inflammatory medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology or Radiation Oncology or Infectious disease, a neurological disorder, inflammatory or infectious disease, an eurological disorder, inflammatory or infectious disease, ongenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, ongenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, ongenital anomaly, or vascular disease, an eurological disorder, inflammatory or infectious disease, ongenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, ongenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, ongenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, ongenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, an eurological disorder, inflammatory or infectious diseas	General/Family Practice	Disapproval	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; 6/2018; There has been treatment or conservative therapy; pain meds-back pain neck pain radicular pain; PT 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	1
other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. unknown; There has been tracta thost of conservative therapy.; The pt has migraines, sociolosis, back, lumbar, thoracic pain, so this constant of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 72148 Magnetic resonance (eg, proton) imaging, spinal canal Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	General/Family Practice	Disapproval	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.; More than 2 years but now exact date.; There has been treatment or conservative therapy; Significant numbness in hands and feet. Pain in the thoracic region and sciatica.; Resting while using heat/ice, chiropractic treatments and anti-inflammatory medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	1
	General/Family Practice	Disapproval	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.; unknown; There has been treatment or conservative therapy; The pt has migraines, scoliosis, back, lumbar, thoracic pain;; NSAIDs, shots, 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,	1

Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for	
injury.; 4 years ago; There has been treatment or conservative therapy.; CS intense pain vis disturbancesnumbness and tingling in both upper extremities. Sintense pain vaidating dow legslimited ROMlumbar spine tenderness and straight leg positive; patient has been seeing chiropractor for 4 years, no reliefon oxycodone 10-325 diclosenac gel and by mouth; One of studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlist CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Ordeneral/Family Practice Disapproval and contents, lumbar; without contrast material Radiology Services Denied Not Medically Necessary injury.; 4 years ago; There has been treatment or conservative therapy.; CS intense pain vis disturbancesnumbness and tingling in both upper extremities. Sintense pain vaidating dow legslimited ROMIumbar spine tenderness and straight leg positive; patient has been seeing visuality in poth upper extremities. Sintense pain vaidating dow legslimited ROMIumbar spine tenderness and straight leg positive; patient has been seeing visuality in poth upper extremities. Sintense pain vaidating dow legslimited ROMIumbar spine tenderness and straight leg positive; patient has been seeing visuality in poth upper extremities. Sintense pain vaidating dow legslimited ROMIumbar spine tenderness and straight leg positive; patient has been seeing visuality in poth upper extremities. Sintense pain vaidating dow legslimited ROMIumbar spine tenderness and straight leg positive; patient has been seeing visuality in poth upper extremities. Sintense pain vaidating dow legslimited ROMIumbar spine tenderness and straight leg positive; patient has been seeing visuality in poth upper extremities. Sintense pain vaidating dow legslimited ROMIumbar spine tenderness and straight leg positive; patient has been seeing vaidation of the positive patient has been seeing vaidation of the positive patient has been seeing vaidation of the positive patient has been seeing vaidation of the	on both a 1 the ed
; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known patient does have new or changing neurologic signs or symptoms.; The patient has had bat over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known patient does have new or changing neurologic signs or symptoms.; The patient has had bat over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known patient does have new or changing neurologic signs or symptoms.; The patient has seen the doctor more then once for these symptoms.; It is not known patient does have new or changing neurologic signs or symptoms.; The patient has seen the doctor more then once for these symptoms.; It is not known patient does have new or changing neurologic signs or symptoms.; The patient has had be over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known patient does have new or changing neurologic signs or symptoms.; The patient has had be over 4 weeks.	pain for 1
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; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient doe new or changing neurologic signs or symptoms.; There is weakness.; Low back pain, numb radiculopathy in both legs. No improvement after conservative treatment.; The patient doe 72148 Magnetic resonance (eg, proton) imaging, spinal canal have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have	ess and s not
General/Family Practice Disapproval and contents, lumbar; without contrast material Radiology Services Denied Not Medically Necessary drop.; There is not x-ray evidence of a recent lumbar fracture. ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient doe new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Posiback pain and gait problem.; Neurological: Positive for tingling. Negative for weakness. Musculoskeletal: She exhibits spasm; The patient have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have: description of the strong patient of the patient does not have a discovered patient of the strong patient of the stron	ve for 1 does not
The study requested is a lumbar Spine MRI; Acute or Chronic back pain; The patient doe new or changing neurologic signs or symptoms.; There is weakness.; pain going down legs unable to do normal activities; The patient does not have new signs or symptoms of bladdy bowled dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence or chronic back pain; The patient does not have new signs or symptoms of bladdy bowled dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence or chronic back pain; The patient does not have new signs or symptoms of bladdy bowled dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence or chronic back pain; The patient does not have new signs or symptoms of bladdy bowledges.	atient or 1

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 is having numbness and weakness in the legs. Patient is also having radicular leg pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested 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 pains to hips and lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 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.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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; NO RELIEF; HEAT & Ramp; MUSCLE RELAXANT	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication,; 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.; ; List meds Medrol (Pak) 4 mg tablets in a dose pack;Take 1 dose pk by oral route.here	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; back care and preventing injuries: care instructions; getting back to normal after low back pain: care instructions; learning about relief for back pain; oxyCODONE-acetaminophen 7.5 mg-325 mg tablet; TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED	1
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.; ; ibuprofen	1

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.; Home exerces, ice packs,	1
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.	1
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.	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 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.	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BACK: ——WEAKNESS——, L4/5 functional weakness in inversion and dorsiflexion of the foot, L4 point tenderness with tapping causing shooting electric pains into the anterior knee and medial malleolus area into the medial ipsilateral toe, L5 point t; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 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.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Musculoskeletal: Lower back pain on the left which is excruciating, causing inability to sleep, causing difficulty standing erect, causing difficulty finding a comfortable position, resembling a shocklike sensation, with muscle spasm, back stiffness in th	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 5 months ago; There has been treatment or conservative therapy.; in lower back with radiation to the hip and thigh and lower leg, pain is severe, constant pressure, also has weakness; NSAIDS, rest and has had previous back surgeries x2; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.;; There has been treatment or conservative therapy.; Numbness, instability and pain; anti inflammatory meds and pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breat MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown if No InPatient reports muscle aches, arthralgias/joint pain, and back pain (to the lumBack: Thoracolumbar Appearance: lower back pain bilaterally, paraspinal fullness noted throughout the lumbar spine b;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury; 08/16/2012; There has been treatment or conservative therapy.; CHRONIC BACK PAIN, DEGENERATIVE DISC DISEASE, NEUROPATHY; PHYSICAL THERAPY, STEROIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	54 y.o. male who presents today for evaluation of lumbar back pain. ;The patient reports intermittent achy lumbar discomfort No current radicular pain, but reports he had radicular pain pain down posterior aspect of bilateral legs when the back pain fir; The study requested is a Lumbar Spine MRIL; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, without contrast material	Radiology Services Denied Not Medically Necessary	Acute left-sided low back pain with left-sided sciatica; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Feet have been getting numb to the point iof hurting for the last 3-4 weeks; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	acute/ chronic back pain worsening w/ movementjob does heavy liftingnot work related.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Allergic to many tx; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/15/2019; There has been treatment or conservative therapy.; Hip and back pain, episodes where pt cannot function on her own and weakness; injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	As their more recent onset of radicular leg pain and weakness represents an abrupt change in neurologic status, likely representative of acute radiculopathy with clinical concern for intervertebral disc herniation, I will defer referral for conservative m; The study requested is a Lumbar Spine MRIL; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; gabapentin 300 mg capsule; ;HYDROcodone 10 mg-acetaminophen 325 mg tablet; "meloxican 15 mg tablet; Take 1 tablet every day by oral route with meals.; ;methocarbamol 750 mg tablet; Take 1 tablet 4 times a day by oral route as needed.; ;naproxen 50	1

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 low back pain - chronic pain, acute worsening after she fell twice in last month. Reports that her knee gave out and then she fell on her back. Pain is in lower back, radiates to buttocks bilaterally and to right lower extremity. Pain increases with w; The study 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 back: She exhibits decreased range of motion (decreased flexion, extension secondary to pain) and tenderness (spinal and paraspinal).; SLR test - unable to complete due to pain; theurological: She is alert and oriented to person, place, and time.	1
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 pain of tailbone, has been chronic, waxing and waning, since childhood, always noted severe pain with sitting or leaning in certain positions; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; 8 wks conservative treatment to include heat, epsom baths and pain meds. Pain did not respond positively to treatment. Pain has worsened.; traMADol (ULTRAM) 50 mg tablet; Take 1 tablet by mouth daily as needed for Moderate Pain for up to 10 days	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	changes on X-ray patient unable to walk more than 10 mins without pain; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic back pain and tried otc meds has been on pain meds before has radiation down r leg now unable to get confortable on pain and numbness on lat leg. XR, LUMBOSACRAL SPINE, 2 OR 3 VIEW - narrow l4I5 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic back pain that is worsening, hx of previous back surgery, abnormal gait and weakness; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has gait abnormality and weakness in lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic back pain with bilateral leg radiculopathy. pt ;states getting harder to do everyday chores and getting harder to work. painful to twist or lift.; The study requested 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 with bilateral leg radiculopathy She states it's getting harder 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic back pain x 10-15 yrs. Slowly worsening. Reports hx 2 herniated discs in lumbar spine. Last MRI about 10 yrs ago. Has pain on right side and radiating down right leg.;tenderness (right para lumbar); straight leg raise test positive on right; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic bilateral low back pain with bilateral sciatica ;;Acute pain of right shoulder ;;Chronic bilateral thoracic back pain ;;Chronic ethmoidal sinusitis ;;Chronic maxillary sinusitis ;;Vitamin D deficiency ;;Muscle pain ;;Multiple join; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, she states her movement is getting increasingly limited, she also continues to have thoracic and lumbar pain with sciatica has failed therapy; There has been treatment or conservative therapy; Chronic bilateral low back pain with bilateral sciatica ;;Acute pain of right shoulder ;;Chronic bilateral thoracic back pain ;;Chronic ethmoidal sinusitis ;;Chronic maxillary sinusitis ;;Vitamin D deficiency ;;Muscle pain ;;Multiple join; she has completed over 6 weeks of PT, home exercises and medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	DDD John P Wilborn is a 39 y.o. male presents today with 2 complaints. The first is recurrent low back pain radiating to his right lower extremity. Patient with a history of chronic low back pain, first evaluated 4 years ago by Dr. Archer, x-rays done; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	disc changes; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; legs not responding during physical exam; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	eft hip pain, works as letter carrier pain radiates into her hip from her back;;abnormal findings on lumbar xray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain radiating to hip; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Left lower back pain due to fall. Palpation of the lumbosacral spine revealed abnormalities. He is tender over the mid and left lumbar area with forward flexion limited to about 50% of normal. His DTR's are bil; 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; Document exam Left lower back pain due to fall. Palpation of the lumbosacral spine revealed abnormalities. He is tender over the mid and left lumbar area with forward flexion limited to about 50% of normal. His DTR's are bilaterally symmetrical. His Strai	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluating chronic tail-bone pain and inflammation. Prior radiography has been normal, no previous MRIs taken; 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
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Failed PT therapy due to worsening pain, has tried NSAIDs, steroids, muscle relaxers. Pain is getting worse and now having numbness and tingling in left leg, left foot, left sciatica.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patellar reflex slightly slower on left side when compared to right side. Numbness and tingling in left foot and left leg.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Fell off a house; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; C spine surgery 2-3 years ago.; There has been treatment or conservative therapy.; History of cervical spine surgery Degenerative disc disease - lumbarChronic pain; medicine, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	high risk of fracture due to osteoporosis and osteopenic; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is reflex abnormality; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; diffuse muscloskeletal a lot of pain to touchwhen touched hurts all over	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Injury with increasing pain; 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
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 starting PT and taking Meds; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Location: pain radiating to the legs (right lower back to right posterior knee); Quality: sharp; tingling; Severity: same; Duration: acute; Onset/Timing: recurrent episode; Context: unusual activity (lifting case of water and twisting); prior back pro; The study requested is a Lumbar Spine MRL; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
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 noted. The discomfort is most prominent in the lumbar spine. This radiates to the thighs, left and right calf, and left and right foot. He characterizes it as constant and sharp. This is a chronic, but intermittent problem with an acute; The study 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; Palpation: spasm of the left and right lumbar paraspinal muscles; ;Neurovascular: deep tendon reflexes; 2/4 right patellar, 2/4 left Achilles, 2/4 right Achilles; ;Maneuvers; (-) bilateral straight leg raise	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain radiating down 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patient is actively in Physical Therapy and doing home exercises without relief	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN WITH POSITIVE LEFT SIDE PATRICKS EXAM WILL FAX RECORDSinfo 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.; LOW BACK PAIN WITH POSITIVE LEFT SIDE PATRICKS EXAM;;WILL FAX RECORDS	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain with sciatica; patient has had physical therapy and no improvement. symptoms worsening: The study requested is a Lumbar Spine MRIL; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; low back pain with sciatica; patient has had physical therapy and no improvement. symptoms worsening; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain;Send for pain management referral;Order MRI, lumbar spine, w/o contrast;Start ibuprofen 800 mg tablet 1 tablet 3 times a day; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	LOW BACK PAIN, BIL LEG PAIN WITH NUMBNESS IN BOTH LEGS, POSITIVE STRAIGHT LEG TEST.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain. L4-L5 disease noted on xray. Per physician MRI will be of benefit to treat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbar radiculopathy;Left leg hip to foot. History of abnormal mri 9 years ago; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Moderate to severe L2-L3 degenerative disc disease with local levoscoliosis at this level; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; 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
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		Need to further evaluate patient's sharp lower back pain for tumor or stenosis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient presented to office on 07/19/2019 with c/o low back pain, radiating to pelvic area, pain when ambulating. No relieve with muscle relaxers, NSAIDs, and steriod pack treated on April 09, 2019. Recurrent pain, patient claims feeling a knot on left si; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The	1
General/Family Practice General/Family Practice	Disapproval Disapproval	and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. Nerve Stretch Test - Straight leg raise positive on the left. M54.42: Lumbago with sciatica, left side, After a long conversation with the pt about the prior x-ray results, her current symptoms, and possible future treatment plans, she agrees to an MRI L-; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	None.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits. No help w/HEP-done for 4 wks.	1
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.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 07/24/2019; There has been treatment or conservative therapy.; fever, aching.; physical therapy, home exercise, oral steroids, pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	NOT ABLE TO LAY ON BACK; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/27/17; There has been treatment or conservative therapy.; BACK PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	numbness and tingling in back causing nausea and numbness in left hip; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in both calves, severe, worse when laying flat. Pain can wake her up at night. She does have some mild chronic low back pain that she says comes and goes but is not necessarily worse with laying flat. ABIs normal. Lumbar x-rays showed mild scoliosi; 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 in both calves, severe, worse when laying flat. Pain can wake her up at night. She does have some mild chronic low back pain that she says comes and goes but is not necessarily worse with laying flat. ABIs normal. Lumbar x-rays showed mild scoliosi; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain is more severe; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; oxycodone;cyclobenzaprine	1
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 radiates bilaterally through the sciatic nerve; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Low back weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PAIN RADIATES TO BUTTOCKS, LEGS, BACK OF LEGS AND THIGHS. PAIN IS SHARP, ACHING, THROBBING AND CRAMPING. PAIN INTERFERS WITH WORK. STATED ABOUT 4 WEEKS AGO.; 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.; Diminished reflexes and DTRs abnormal; almost ZERO DTR noted.	1
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 experiencing worsening back pain that radiates down left lower extremity. Patient reports she is falling more often due to balance and pain that shoots down her leg. She report she is unable to walk up or down stairs without her legs giving out on; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms,; There is weakness.; Patient has left lower extremity weakness and swelling to that leg.; The patient does not have a new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has tried PT and home exercises along with meds. patient has a personal history of bulging disc in I spine patient has not had surg, pt has done epidural steroid injections in the past.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient having back and hip pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is being referred to neurosurgery for a bulging lumbar disc and chronic back pain and needs an MRI.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has complete 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is seen for the second time in our office for lumbar radiculopathy. The pain has been present for over a year. She has taken steroids, muscle relaxers, and has attended physical therapy without relief. Right now she has numb spots on the tops of b; The study requested 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 seen for the second time in our office for lumbar radiculopathy. The pain has been present for over a year. She has taken steroids, muscle relaxers, and has attended physical therapy without relief. Right now she has numb spots on the tops of b; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents complaining Lumbar back Pain which started years ago. Patient describes the symptoms as constant and rates discomfort 10/10. Patient also has limited mobility. When she bends down pain shots down both legs. She has tried Steroid shots whi; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Patient has tried Steroid Shots which has not helped.	1
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 reports pain radiating to the buttocks but reports lumbar and sacral. He reports stiffness. He reports worsening, pain level 8/10, interference with sleep, and interference with work. He reports trauma. Patient injured back twice yesterday. Once; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports painful but reports improving. She reports recent opiates and recent surgery. She reports abdominal pain, excess gas, bloating, and cramping. She reports severe. She reports having bowel movement.;;Extremity Pain/Injury;HPI;Patient rep; 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 hab ack pain for over 4 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.; List medHYDROcodone 10 mgacetaminophen 325 mg tablets here	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with worsening lumbar and cervical spine pain that does not lessen with 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.; 08/08/2019; There has been treatment or conservative therapy.; Patient with lumbar pain that radiates to hips with standing. Patient with cervical spine pain that radiates to shoulders and worsen with movement such as turning head.; patient has taken norco, celebrex, and diclofenac, and patient still with pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with worsening pain in the cervical and lumbar spine regions. Patient has tried medications as well as physical therapy without relief.; This study is being ordered for trauma or injury., Patient first complained of these symptoms 02/06/2019; There has been treatment or conservative therapy.; pain in the cervical and lumbar spine; Patient has completed six weeks of physical therapy. Patient has taken Nsaids, steriods, and muscle relaxers without relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Perform a EMG/NCV of lower extremity in 01/2019 and 04/2019 suggested to do MRI of the Lumbar sacral 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; 12/25/2018; There has not been any treatment or conservative therapy; Lower extremity numbness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Physical therapy did not help symptoms, Persistent thoracic spine and lumbar spine 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.; 2013; It is not known if there has been any treatment or conservative therapy.; Pain with palpation across cervical, thoracic, and lumbar spine. Mild decreased range of motion due to pain. numbness in upper extremities.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Please see attached; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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. Prescribed medications and PT, neither are effective.; The study requested is a Lumbar Spine MRI.;	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt ahs back pain and sciatica. Pt has scoliolsis . pt has history of back surgery; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication,; 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.; 6 weeks of HEP and medication. Pt has scoliosis; Gabapentin, Mobic, Tramadol	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt c/o chronic back pain since 1996, has taken pain meds for 2 years. Generalized bilateral lumbar spine; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt has a hx of chronic low back pain, diag in past with djd. pain is worse and has severe pain in the right foot. has been on pain meds for this for a long time. muscle aches, weakness, and cramps and arthralgias/joint pain and back pain; rt leg edema 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has worsening lower lumbar pain with new onset sciatica into lower leg. Often right leg goes numb or tingles. Weakness 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; pt has numbness and tingling in her R leg.	1
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 stated last Thursday she was picking up a patient from the nursing home and then her lower back started burning. Pt stated she went to the WRMC ER and they gave her norflex and toradol injection. They did perform an xray on patient; This study is being ordered for trauma or injury; 07/04/2019; There has been treatment or conservative therapy.; Low back pain with burning sensation; norflex and toradol injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt w/ back pain that started in 2015, and has increased over the last few years. PT has completed more than 12 months of prescription therapy, and PT has completed a round of physical therapy. PT w/ no results and has developed new sign/symptom of sciatic; The study requested 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 w/ new right sciatic nerve pain through R leg. Weakness on weight bearing R leg. Mobility difficult.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt w/ chronic back pain that has been unresponsive to prescription therapy and physical therapy. PT states the pain continues to get worse as time progresses. PT with mobility difficulty.; The study requested 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 w/ worsening back pain that makes mobility difficult.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt w/ chronic neck pain and chronic back pain. Unresponsive to prescription therapy x6 months, physical therapy x6 weeks. Pain is increasing over the last week and has caused mobility to become difficult. Pain radiates from neck to shoulders, and in the I; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt with c/o of chronic back pain that continues to worsen over the past several months. PT has been on prescription therapy greater than 6 weeks with no response.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt with chronic midback pain, had evaluation in 2014, 'hairline crack' in T7. pain from midback and going down his left leg, and causes numbness in LLE occasionally; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; pt with hx of fracture and HNP in thoracic spine, and lumbar radicular pain down left leg; home exercise, regular 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
Generally ranning reactive	Disapprovai	and contents, fambar, without contrast material	radiology Services Berned Not Medically Necessary	Oncology, surgical oncology of national oncology	
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	quadrant low back pain, cant stand for long periods of time, moderate to 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 directed conservative treatment 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
Caranal/Family Departure	Diagramma	72148 Magnetic resonance (eg, proton) imaging, spinal canal	Dadieland Comittee Desired Net Madies II. Necessary	r/o ms pt is having fatigue pain and weaknesssuspects ms; One of the studies being ordered is a	1
General/Family Practice	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Severe Pain low back, leg and feet, aching, sharp shooting pain down the leg; This study is being ordered for Inflammatory/ Infectious Disease.; 07/24/2019; There has been treatment or conservative therapy.; Low Back/hip pain; Steroid, physical therapy, home exercises, pain medicines; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI,; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	3
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
General/Family Practice	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 a facet joint injection.	1
ocheral/rammy r ractice	Бізарріочаі	72148 Magnetic resonance (eg, proton) imaging, spinal canal	industry services believe that the death, necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back	1
General/Family Practice	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pain.; This study is being requested for None of the above The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has	1
Connect/Foreity Decition	Disasses	72148 Magnetic resonance (eg, proton) imaging, spinal canal	Padialam Conject Danied Not Madially Notation	directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of	
General/Family Practice	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	physical therapy?	
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.; The patient does have a new foot drop.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; 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
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 6 weeks of completed conservative care in the past 6 months or had a spine injection	2
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; 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
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				The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study	
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1
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 None of the above	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2018; There has been treatment or conservative therapy.; Back pain, neck pain, tingling in legs; Pain Mangement, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Tingling in left shoulder to the finger tips that occurs randomly.;Feels like has weakness in the left arm.;Sometimes it is hard for him to grip something with his left arm.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT DID NOT WORKSYMPTOMS WORSENINGRE-EVALUATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago; There has been treatment or conservative therapy.; PAIN TO BUTTOX TO LOWER BACK; PTCHIROPRACTIC NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Back shows Flexion is normal but increases pain, tenderness present on palpation, scollosis absent and kypohosis absent. Patient complains of increased falling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Unable to fully extend left leg, limited range of motion, pain in left leg.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in lower limbs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	UNknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient did home exercise program for 6 weeks with no change in symptoms.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 2 weeks.; There has been treatment or conservative therapy.; Migraines, memory loss, taking medication, and right eye lesion; Patient takes headache medicine and migraines are more frequent.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 6/13/2019; There has been treatment or conservative therapy.; back pain, numbness,; medication, physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	would like to follow up after x ray imaging; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	injury of pelvis; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material		Patient is having weight loss, unable to use left arm due to size of lymphoma in her left axilla.; This study is being ordered for a metastatic disease; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material		Pelvic pain, history of pelvic fracture, concern for occult fracture not seen on XR; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If NoHe presents for follow-up of the back and pelvic pain. He has seen the neurosurgeon and has been to physical therapy. The back appears to be doing somewhat better however he has continued severe pelvic and per; 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
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Has h/o stress fractures through the pelvis in the past after extensive marching in basic training, ended up doing 9 months of PT for this. Had a 6 mile march about 1 month ago, has had recurrence of the pain to the L side of her pelvis primarily. Has d; 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 (coccys).	1
General/Family Practice	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 Inflammatory/ Infectious Disease.; 07/24/2019; There has been treatment or conservative therapy.; fever, aching,; physical therapy, home exercise, oral steroids, pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Perform a EMG/NCV of lower extremity in 01/2019 and 04/2019 suggested to do MRI of the Lumbar sacral 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.; 12/25/2018; There has not been any treatment or conservative therapy.; Lower extremity numbness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 09/04/2019; There has been treatment or conservative therapy.; Unknown; Patient had pain meds and muscle relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
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 from an old injury.; The member has not 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 evalutation of wrist pain.	1

		73221 Magnetic resonance (eg, proton) imaging, any joint of		Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain; The physician has directed conservative treatment for the past 6 weeks; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication; 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	1
General/Family Practice General/Family Practice	Disapproval	upper extremity; without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	office visits; pain worsened after 7 weeks; The patient received oral analgesics. Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	2
6		73221 Magnetic resonance (eg, proton) imaging, any joint of		Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral	1
General/Family Practice General/Family Practice	Disapproval	upper extremity; without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	tear. Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain.	1
General/Family Practice	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 study is not requested for any of the standard indications for Knee MRI; This request is for a wrist MRI.; It is not known if the reason for the study is evaluation of wrist pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 05/11/19; There has been treatment or conservative therapy.; arm pain, dizziness, headache, facial numbness, lumbar ridiculopthy; Hoem exercise, medication, Heat and ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks; it is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; oral steroids; The patient recevied medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The 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.; It is not known what type of medication the patient received.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The 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.; naprosyn 500mg BID;flexeril 10mg TID;lbuprofen 800mg TID;Tylenol #3 QD PRN pain;diclofenac 75mg TID PC;Lidocaine patch QD;Motrin 600mg QID PC; The patient recevied medication other than joint injections(s) or oral analgesics.	1

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The 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.; Naproxen, Celebrex, Cyclobenzaprine, Medrol dose pack; The patient recevied medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	3
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	3
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 7/22/19; There has been treatment or conservative therapy.; Pt c/o pain left shoulder and neck, following one week ago.; Pt was shopping at walmart, tripped over an item in the floor, fell arm against cart and landed on left side. Had immedaite onset soreness of left side and neck, bruising left upper arm from c; Has gone to chiropractor, Dr. Woods, had xray spine, left shoulder, left ankle. Has had treatments x 3 past week, limited pain relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	8/6/19 COMPLAINTS OF CONTINUED RT SHOULDER PAIN AFTER FALLING OFF OF SOME OLD STEPS.; 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.; THIS PT HAD A STEROID INJECTION IN MAY 2019 AND HAS BEEN PAIN MEDS AND ANTI INFLAMMATORY MEDS SINCE THEN WITH NO RELIEF. HE ORGINALLY FEEL OFF STEPS AND LANDED ON HIS SHOULDER IN MAY; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Follow up for right shoulder injury, had fall last month. Pt has had mild shoulder strains in the past, most recently 1 yr, but always resolved with out rx in the past.;Last month seen by dr. Nagel, had xray right shoulder, neg, f/u for persistnet pain; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Has an area on right shoulder blade that was swollen and hurting, went to WRMC ER and they lanced it open a few weeks ago. Has been having severe right shoulder pain radiating down into his hand, his ring and pinky fingers don't work correctly anymore now; 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 not abnormal; The request is for shoulder pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	left arm pain that started about 1 week ago and started swelling a couple days ago. Pain is from the shoulder into hand.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Left shoulder pain-complains of left shoulder pain for over 3 months. Pain is worse with any lifting or excessive use. Denies any injury and reports limited ROM and decreased strength. No pain relief with OTC Ibuprofen.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI is for surgery consult; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
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	Numbness in fingers on right hand. Pain is worse at night. Limited abduction.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Onset of pain x 3 months ago. There was no obvious precipitating injury; 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
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				Pain, inflammation of the joint; The requested study is a Shoulder MRI.; The pain is described as	
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, initial initiation of the joint; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient fell and injured left shoulder. Patient had shoulder x-ray that showed nothing; The requested study is a Shoulder MRI.; The pain is from a recent injury; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient had a X-ray of right wrist showing osteophyte to the right scaphoid bone.; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has seen provider for this issue since 2/15/19 of this year with no resolution. will need imaging to see the root of the problem as conservative therapy has failed.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits; patient given instructions for home exercises along with meds such as naproxen, gabapentin, ultram, mobic. patient has also had arthrocentesis all with no improvement.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has torn rotator cuff. Having left arm weakness 3/5, Apley scratch test+, empty can/full can test+; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient is having pain in both shoulders and has done physical therapy with no relief; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient presents complaining of significant left shoulder pain for about the last 2 weeks. Diffuse; degenerative changes. Moderate, diffuse tenderness in the; left shoulder. Abduction against resistance significantly; exacerbates the pain, as does placing; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient with 5 month history of Left shoulder pain, patient has a personal history of rheumatoid arthritis. Has not responded to medication therapy with rest. Xray was normal.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; diclofenac sodium, diclofenac potassium, cyclobenzaprine; The patient recevied medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pt has completed PT and +60 days of prescription therapy through her pain management specialist. MD would like to further investigate and evaluate for bursitis to be able to complete a better care plan for the PT.; This study is being ordered for Inflammatory/ Infectious Disease.; July 2019; There has been treatment or conservative therapy.; Pain in bilateral shoulders, increasing, acute.; Pt has completed 60 days of prescription therapy with no result from pain management specialist. PT has completed PT as ordered by pain management specialist w/ no result. MD would like to check for bursitis in bilateral shoulders.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt has had pain in her right shoulder for the past 6 weeks. It is increased with lifting or reaching for anything. Pt has tried anti-inflammatory's for 4 weeks and had an x ray that was negative.; 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

				pt injured shoulder lifting weights, r/o tear; The requested study is a Shoulder MRI.; The pain is	
		73221 Magnetic resonance (eg, proton) imaging, any joint of		described as chronic; The request is for shoulder pain.; The physician has not directed conservative	1
General/Family Practice	Disapproval	upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	treatment for the past 6 weeks.	
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 w/ a personal history of left shoulder surgery. PT w/ increasing pain that makes movement in left extremity difficult. PT ROM in left upper extremity and neck decreased.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
		73221 Magnetic resonance (eg, proton) imaging, any joint of		Pt. is having Cervical Radiculopathy and Acute L Shoulder Pain.; One of the studies being ordered is a	1
General/Family Practice	Disapproval	upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	_
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	RT SHOULDER PAIN WITH DECREASED ROM; worsening pain with positive speds, weakness, and pain at bicep tendon.; pt has been taking Gabapentin; 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
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	shoulder pain. initially seen 5/24/19. was prescribed naproxen, prednisone. Referred to PT but did not go. f/u 8/12/19 with worsening pain; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
		73221 Magnetic resonance (eg, proton) imaging, any joint of		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	
General/Family Practice	Disapproval	upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	evaluation of elbow pain.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has had shoulder pain for 3 to 4 months.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pt was pulling on something and now has pain and numbness in her right shoulder. Her pain is a 10 out of 10;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 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 arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	2
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Trigger injection did not help. Patient reports muscle weakness and joint pain, inability to function on rt side and do adl's, chronic neck and rt shoulder pain requiring oral pain meds. Limited range of motion. XR was negative for fracture or dislocation; This study is being ordered for trauma or injury.; 04/04/2019; There has been treatment or conservative therapy.; pain, sharp and worsening, in neck, shoulder, and elbow.; Joint injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	will fax; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; will fax; It is not known if there has been any treatment or conservative therapy; will fax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;"; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning;; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	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.; 09/09/2019; There has been treatment or conservative therapy.; swelling of lower extremeties; Try the Voltaren gel (diclofenac gel) every day on your FOOT. Rub on joints as needed. ;Try the TRAMADOL as needed. This is a pain pill that will not hurt your kidneys."; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	06/17/19 R ankle pain since saturday,06/15/2019 jumped off a fence and woke up sunday w pain and swelling, cant put much weight on it.; 06/27/2019 r ankle swelling w pain, has an appt w dr atkins on july 9th, wants mri.;Source of patient information; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Acute on chronic pain right foot and ankle. Started 03/25/2019. Patient has been treated with steroids and pain medicine(Medrol Dose Pack, Celebrex, Meloxicam, Tramadol, and Tylenol #3). Patient has also completed 4 weeks of physical therapy. None of th; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	BILATERAL CHRONIC KNEE PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Ineffective treatments: NSAIDs, Heat, ice and compression; This is a request for a foot MRI.; The study is being ordered forfoot 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
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	Last night after getting up from bed to go to the bathroom, she fell striking her right eye. Her glucose was approximately 53. Today she is feeling fairly well. No vision changes. She complains of pain at the left knee. If No Info Given:; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	NO; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient was seen on 06/21 for foot pain with heel spur shown on xray. Pt was given hydrocodone for the pain and informed to try at home exercises and heat to help relieve pain with no avail. Patient came back into the clinic on 07/25 still with the same; This is a request for a foot MRI.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1
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		73720 Magnetic resonance (eg, proton) imaging, lower		Pt complains of ankle pain and swelling; This is a request for an Ankle MRI.; Surgery or arthrscopy is	
		extremity other than joint; without contrast material(s),		not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of	1
General/Family Practice	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	tendon or ligament injury.	
		73720 Magnetic resonance (eg, proton) imaging, lower		Recent ankle sprain injury, negative xray findings. Patient has a history of hemophilia.; This is a	
		extremity other than joint; without contrast material(s),		request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is	1
General/Family Practice	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	requested for ankle pain.; There is a suspicion of tendon or ligament injury.	
		73720 Magnetic resonance (eg, proton) imaging, lower		recent ankle spring injury, history of hemophilia; This is a request for an Ankle MRI.; Surgery or	
		extremity other than joint; without contrast material(s),		arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a	1
General/Family Practice	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	suspicion of tendon or ligament injury.	
				Reports she stepped into a hole and twisted her right ankle on 6/10. States she was seen in ED in	
				Van Buren and xray was negative. States she has had intermittent pain and swelling since. Unable to	
				do her work-outs at the gym. ;Right ankle: She exhibits ; This is a request for an Ankle MRI.; Surgery	1
		73720 Magnetic resonance (eg, proton) imaging, lower		or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not	
General/Family Practice	Disapproval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	
General/Family Fractice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower	Radiology Services Deflied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an	
		extremity other than joint; without contrast material(s),		indication for knee imaging; 'None of the above' were noted on the physical examination; The	1
General/Family Practice	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	ordering MDs specialty is NOT Orthopedics.	
				This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of	
		73720 Magnetic resonance (eg, proton) imaging, lower		tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture	6
		extremity other than joint; without contrast material(s),		which does not show healing (non-union fracture).; This is not a pre-operative study for planned	Ŭ
General/Family Practice	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	surgery.	
				will fax; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next	
		73720 Magnetic resonance (eg, proton) imaging, lower		4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory	1
General/Family Practice	Disapproval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	
		73720 Magnetic resonance (eg, proton) imaging, lower	,		
		extremity other than joint; without contrast material(s),		will fax; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4	1
General/Family Practice	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	
				Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something	
				other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
				infectious disease, congenital anomaly, or vascular disease.; 06/17/2019; There has been treatment	1
				or conservative therapy.; chronic low back pain; ohysical therapy /home exersizes; One of the	1
		73721 Magnetic resonance (eg, proton) imaging, any joint of		studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
General/Family Practice	Disapproval	lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Surgical Oncology or Radiation Oncology	
·					
				Allergic to many tx; This study is being ordered for something other than: known trauma or injury,	
				metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/15/2019; There has been treatment or conservative therapy.; Hip and back	
				pain, episodes where pt cannot function on her own and weakness; injection; One of the studies	1
				being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	
		73721 Magnetic resonance (eg, proton) imaging, any joint of		ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
General/Family Practice	Disapproval	lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Oncology or Radiation Oncology Pain that radiates down to the thigh and calf.; This is a requests for a hip MRI.; The member has not	
		73721 Magnetic resonance (eg, proton) imaging, any joint of		failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.;	1
General/Family Practice	Disapproval	lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	The request is for hip pain.	
				Catanana and a company of the late City This is a second of	
		74150 Computed tomography, abdomen; without contrast		Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using	1
General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	
				; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or	
				is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or	1
		74150 Computed tomography, abdomen; without contrast		other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an	
General/Family Practice	Disapproval	material	Radiology Services Denied Not Medically Necessary	adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	
		7/150 Computed tomography, and among without so-treet		; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which	
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	organ is enlarged? Spleen; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
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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.; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	abdominal ultrasound and that showed 1.6 cm solid node and service of left liver lobe; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	distended and RUQ tenderness;FATTY LIVER; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Follow up on previous abnormal CT- enlarged liver; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	injection with neasous and vomiting,; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having weakness, and diarrhea. He has had a cough for over a month and he has been having abnormal weight loss.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	right upper quadrant pain, wanting to further assess why pain , family history of gallbladder disease , nausea and cramping pain, elevated liver function test, may have passed a gull stone; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	SEVERE AB PAIN / BLOATING; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	She had abnormal lab result regarding her liver taking inveds due to liver and has a history elevated liver functions from feb 2018 to present; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, i performed, and image postprocessing	f Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; 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 acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; 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
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
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; 9/10/2019; There has been treatment or conservative therapy; pain, aching, tender in abdomen, decreased appetite, weight loss (19 pounds in 1.5 months).; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1
delieral/raililly Practice	Disappiovai	CONTRACT MATERIAL	Radiology Services Deflied Not Medically Necessary	177	
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for addominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Abdominal pain as she had colonoscopy last week. She has had continued pain since and has been to er with normal xray; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ABDOMINAL PAINLEAKAGENAUSEAURINARY TRACT INFECTIONS FALLING BLADDER; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Appendicitis; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Conoral/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without	Padialagu Caniises Danied Not Madically Necessary	APPENDISITIS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.	1
General/Family Practice	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	for a Diagnostic CT	
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral groin pain for several weeks; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Blood in stool, nausea and vomiting.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT Dysuria, hematuria, nausea. Low back pain, possible UTI.; This is a request for an abdomen-pelvis CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ENLARGED UTERUSPAIN TO R SIDEADNEXA WAS NOT PALPABLEULTRASOUND - BI-LATERAL OVARIAN MASSES POSSIBLY DERMOIDS - ADVISED AB/PEL CT W/CONTRAST; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	flank pain and vaginitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Given his history of recurrent diverticulitis, I am suspicious that he is currently begin the process of this infection again, I will restart him on a two-week course of Augmentin to be taken twice daily, and I will send him for a CT abdomen pelvis with c; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	inguinal pain w/sensation of fullness but no obvious bulge, worse w/exercise; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Haile c/o back pain on the left side that keeps him awake at night. The pain changes with movement. It radiates towards his abdomen. Pain has been chronic for over 3 to 4 months; This study is being ordered for Inflammatory/ Infectious Disease.; 3 - 4 months ago; There has been treatment or conservative therapy; Chronic low back pain and chronic left lower quadrant pain.; 03/15/2019 Zanaflex 4 MG tablet, 1 every bedtime, 30 days, 5 refills;;06/04/19 complete colonoscopy Discontinue Omnicef. Rocephin 1gram IM today. Start Levaquin 500mg daily X 10 days. Return to the clinic or call if symptoms are not relieved in 48 hour; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	NEED TO RULE OUT PELVIC MASS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	No vomitting and no melena. Heartburn, nausea, abdominal pain umbilical, periumbilical, and started/intensified by body movement or coughing painful when a grandchild laying on stomach and causing nausea. No diarrhea. Constipation.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none.; This is a request for an abdomen-pelvis CT combination.; 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
Consultantik Protin	Diagram	74176 Computed tomography, abdomen and pelvis; without contrast material	Codin la conferencia de la Martin Martin III.	PAIN IN LOWER ABDOMEN AND PELVIS, ABD BOWEL SOUNDS POSITIVE, SOFT TENDER INTHE LEFT RIGHT LOWER ABDOMENN POSSIBLE KIDNEYS.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not	1
General/Family Practice General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	performed; Yes this is a request for a Diagnostic CT PATIENT HAD HEMERRHOID SURGERY AND STILL HAVING ABDOMINAL PAIN. HE HAS AN UNEXPECTED WEIGHT CHANGE AND NAUSEA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had unexplained weight loss. Patient has had stomach pain for over 48hrs.; This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has nicotine dependence.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unsure, it's been ongoing for several months.; There has been treatment or conservative therapy.; Unexplained weight loss, coughing, nausea and fatigue.; Patient is undergoing treatment to quit smoking.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has sharp lower right quadrant pain with rebound guarding.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	patient is having abdominal pain with signs and symptoms of an acute appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT Patient is having this done for epigastric pain.; This is a request for an abdomen-pelvis CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents reporting she is concerned she has a hernia at her navel; She states she has had hernia surgery there before, and recurrence; She reports bearing down, coughing/valsalva exacerbates; she states the last scan she had at Washington regional; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient previously had hernia repair surgery with mesh. Patient is now having lower abdomen and RLQ pain. Study should be performed to ensure that the patient does not have complications with the hernia surgery.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with history of renal stones, presents with right flank pain and hematuria. r/o obstructive stone.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	presents with lower abdominal pain that feels like her intestines are being twisted, she is also having cramping, bloating, diarrhea and constipation, pt was seen on Sat and found that she had a UTI pt says that she is currently taking Cipro and her sympt; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt complains of right lower quad pain with + psoas sign. Provider concerned about appendix. Patient is guarding right lower quad; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has history of oxalate kidney stone; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PT having right flank pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	right lower quadrant pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Severe abdominal pain with distention; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	she had a ventral hernia last may has had problems with it-and dr thinks that's the problem; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Suspicion of cancer, Mother had colon cancer, father had pancreatic cancer, history of smoking; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	tenderness to abdomen, constipation, abnormal abdominal x-ray; This is a request for an abdomen- pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is currently having abdominal pain ,patient has enlarged lymph nodes/mass. The;patient has had abnormal liver function test as well with this Pancreatic abnormality; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	UA was cloudy; Positive for flank pain and abdominal pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ULTRASOUND PERFORMED 8/2019 - SUGGESTS CT NEEDEDTO IDENTIFY THE MASS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had anbormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Coneral/Family Dractice	Disapproval	74176 Computed tomography, abdomen and pelvis; without	Padiology Spaces Danied Net Medically Necessary	Will fax in additional clinical info; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is formable, it is not because if a policy can were preferred. We this in a penular for a philar posteric CT.	1
General/Family Practice General/Family Practice	Disapproval	contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a CT scan for evalutation of coronary calcification.	1

General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	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.	1
General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1
General/Family Practice		75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		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 BM I is 20 to 29	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The 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.; Theer 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain-midsternal; substernal; does not radiate; Quality: pressure; squeezing; tightness; Duration: lasts minutes; Onset/Timing: started 4-8weeks ago; Context: exertional; at rest; Aggravating Factors: nothing makes it worse; Associated Symptoms:; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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
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)		Has had episodes of chest pain ,which has been recurrent , lasting half an hour to half day at at time . Jocated in mid chest or left sided chest area ,associated with pressure sensation in chest and tightness as well .NO radiation of pain or other associa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN WITH PRESSURE;;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

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	may 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 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Shortness of breath and chest pain with exertion. EKG was normal.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
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	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
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 78451 Myocardial perfusion imaging, tomographic (SPECT)	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
General/Family Practice	Disapproval	(including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	2
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1
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	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
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	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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Unknown; 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
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		Will fax in clinical info; 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
General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body		Patient is having weight loss, unable to use left arm due to size of lymphoma in her left axilla.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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
		93307 Echocardiography, 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	1
General/Family Practice	Disapproval	echocardiography	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	

		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	1
General/Family Practice	Disapproval	echocardiography	Radiology Services Denied Not Medically Necessary	known murmur.	
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	CHF with cardiomyopathy, needs Echo prior to seeing Dr. Fred).; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Has had episodes of chest pain ,which has been recurrent , lasting half an hour to half day at at time ,located in mid chest or left sided chest area ,associated with pressure sensation in chest and tightness as well .NO radiation of pain or other associa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease; congenital anomaly, or vascular disease; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; CHEST PAIN WITH PRESSURE,;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
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 another reason; The reason for ordering this study is unknown.	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2
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 cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
General/Family Practice	Disapproval	93307 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 Pulmonary Hypertension.	1
General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1

General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	CT LUNG SCREEN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	LAST LOW DOSE WAS 9/18/18; NODULES FOUND; WBC COUNT LOW; PATIENT HAS HEP C; This request is for a Low Dose CT for Lung Cancer Screening, This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Unknown; This request is for a Low Dose CT for Lung Cancer Screening,; 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.	3
General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	With regard to the abnormal weight loss, the weight loss is unintentional. There has been a 30 pound weight loss. This occured over 4 months. Associated symptoms include abdominal pain, anorexia and constipation.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Withdrawal	71250 Computed tomography, thorax; without contrast material		pt presented to er c/o cp/ cxr was obtain/ cxr shows Right mid lateral lung;demonstrates some subtle density changes//; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		Subconjunctival hemorrhage, right - Primary; Chronic, recurrent; Unclear etiology, denies trauma/straining and always in same area per report. Extremity numbness-Chronic; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.	1
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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

Geriatrics	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
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She continues to have a headache but more frontal where her soft tissue hematoma was and some at the back of the head. Is taking some leftover hydrocodone(prescribed for PHN) 2-3x/wk for headache and the PHN pain both.;;SAH (subarachnoid hemorrhage) (H; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for being ordered for a new diagnosis of Parkinson's.	1
Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material	IMPRESSION from 3/6/2019 ct low dose lung scan:;There is an 8 mm nodule (NODCAT 3) in the superior right lower lobe;along the major fissure, which was not seen on prior exam. Recommend;three-month follow-up to assess for interval growth.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Geriatrics	Approval	72125 Computed tomography, cervical spine; without contrast material	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Geriatrics	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
Geriatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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
Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt can't walk well due to pain in the right leg, instability. Straight Leg raise positive. irregular gait, tenderness in rt hip and low back on rt side; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Geriatrics	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 therany?	1
		73221 Magnetic resonance (eg, proton) imaging, any joint of	Left shoulder: He exhibits decreased range of motion and tenderness. He exhibits normal pulse and normal strength.; 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	1
Geriatrics	Approval	upper extremity; without contrast material(s) 78608 Brain imaging, positron emission tomography (PET);	analgesics. memory loss, abnormal brain scan; This is a request for a Metabolic Brain PET scan; This study is	1
Geriatrics	Approval	metabolic evaluation 93307 Echocardiography, transthoracic, real-time with image	being ordered for Alzheimer's disease. Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.;	1
Geriatrics	Approval	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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
Geriatrics	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 Pulmonary Hypertension.	1
Geriatrits	Approvai	performed, complete, without spectral or color Doppler	study is being of defed for Evaluation of Pullionary Typertension.	

		93350 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		Enter answer here - or Type In Unknown If No Info Given. This is a request for a Stress	
		performed, during rest and cardiovascular stress test using		Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This	1
Geriatrics	Approval	treadmill, bicycle exercise and/or pharmacologically induced		study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	
		93350 Echocardiography, transthoracic, real-time with image		The anti-ont is account to the company of the scient about a six and / a chapter of bounts. These	
		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	1
		treadmill, bicycle exercise and/or pharmacologically induced		stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac	
Geriatrics	Approval	stress, with interpretation and report;		study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	
				This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose	
				CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.;	1
				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	
Geriatrics	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	
Centuries	7,551.0101	COLST LOW BOSE OF SOME FOR ECHICAL SOMEENING		Fell off porch and vertex abd forehead x 3 yrs ago, rt sided HAs are chronic, intermittent and a mild	
				ache when she has them. Takes ibuprofen but unsure if that helps. And over the areas where she	
				hurt herself. Had esr done by prev pcp but was ok for age.; This is a request for a brain/head CT.; The	1
		70450 Computed tomography, head or brain; without contrast		study is being requested for evaluation of a headache.; The headache is described as chronic or	
Geriatrics	Disapproval	material Total Communication and the second c	Radiology Services Denied Not Medically Necessary	recurring.	
Geriatrics	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
GENGLING	Disapprovai	Illaterial	natiology services belief not Medically necessary	neadactic., The neadactie is described as childric of recurring.	
				increased pain in lower back on the right side and it is burning in the right buttock area and it travels	
				down the leg and feels like a tingling sensation down the back of my leg.; The study requested is a	
				Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic	1
				signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new	
0. 111.	S'	72148 Magnetic resonance (eg, proton) imaging, spinal canal	De Polos Control De College Park Park November	signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.;	
Geriatrics	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There is not x-ray evidence of a recent lumbar fracture.	
				Melinda Dawson : continues to have pain in her tailbone that goes down into her legs and she has a	
				lot of pain and difficulty walking . we gave her tramadol 100mg po tid prn pain and it required a PA	
				that we finally got approved and she got the pain med o; The study requested is a Lumbar Spine	1
				MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or	1
				symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have	
Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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.	
Geriatrics	Disapprovai	78608 Brain imaging, positron emission tomography (PET);	Radiology Services Deflied Not Medically Necessary	loot drop.; There is not x-ray evidence of a recent lumbar fracture.	
Geriatrics	Disapproval	metabolic evaluation	Radiology Services Denied Not Medically Necessary	; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	2
			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
		93350 Echocardiography, transthoracic, real-time with image		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There	
		documentation (2D), includes M-mode recording, when		are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear	1
		performed, during rest and cardiovascular stress test using		stress test.; ; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear	
Geriatrics	Disapproval	treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	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.	
Genatics	Disappiovai	stress, with interpretation and report,	Radiology Services Deflied Not Medically Necessary	disease., This patient is chinically obese of has an emphysematous chest configuration.	
				hx breast cancer, new headaches and dizziness; This request is for a Brain MRI; The study is being	
		70551 Magnetic resonance (eg, proton) imaging, brain (including		requested for evaluation of a headache.; The patient has a sudden and severe headache.; It is	1
Gynecologic Oncology	Approval	brain stem); without contrast material		unknown if the patient had a recent onset (within the last 3 months) of neurologic symptoms.	
0		71250 Computed tomography, thorax; without contrast		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Gynecologic Oncology	Approval	material		Unlisted CT/MRI. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Unlisted CT/MRI.	1
Cynecologic Officology	Арргочи	contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass	
				or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being	
				requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient	1
				had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course	4
Cunacalogic Onceler:	Approved	74176 Computed tomography, abdomen and pelvis; without		of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic	
Gynecologic Oncology	Approval	contrast material		СТ	
				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	1
		78816 Positron emission tomography (PET) with concurrently		Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being	
		acquired computed tomography (CT) for attenuation correction		requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment);	
Gynecologic Oncology	Approval	and anatomical localization imaging; whole body		This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	

				This is a request for a 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	
		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction		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	1
Gynecologic Oncology	Approval	and anatomical localization imaging; whole body		(fluorodeoxyglucose)	
Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered 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
		70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and			1
Gynecologic Oncology	Disapproval	image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
		70450 Computed tomography, head or brain; without contrast		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	3
Hematologist/Oncologist	Approval	material		Unlisted CT/MRI.	J
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		BREAST CANCER WITH NEW SIGNS AND SYMPTOMS; 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
		70450 Computed tomography, head or brain; without contrast		For initial evaluation and assessment of breast cancer; One of the studies being ordered is a Breast	1
Hematologist/Oncologist	Approval	material 70450 Computed tomography, head or brain; without contrast		MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1
Hematologist/Oncologist	Approval	material		Hematologist/Oncologist There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test. This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.;	1
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		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
		70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a	3
Hematologist/Oncologist	Approval	material		headache.; This study is being ordered for evaluation of known tumor.	
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 infection or inflammation.	1
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; 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
		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	1
Hematologist/Oncologist	Approval	contrast material		this is a request for a Diagnostic CT Worsening sinus pressure/ headaches; colon CA; This study is not being ordered for trauma, tumor,	-
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material		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
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Enter answer here - or Type In Unknown If No Info Given. There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
		70490 Computed tomography, soft tissue neck; without		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	2
Hematologist/Oncologist	Approval	contrast material		Unlisted CT/MRI.	
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 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
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Hodgkin lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
		70490 Computed tomography, soft tissue neck; without contrast material		Squamous cell ca w/ mets; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without		specialty is Hematologist/Oncologist There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	6
Hematologist/Oncologist	Approval	contrast material		Hematologist/Oncologist	

Hematologist/Oncologist Approval contrast material Approval Approv			70400 Computed tomography, coff tissue posky without	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	12
Hematologist/Oncologist Aproval contrast material stage received to the second	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		12
Today Computed tomography, soft tissue neck; without Approval 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; The tissue reck; without contrast material Today Computed tomography, soft tissue neck; without 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 past of patient past or radiation therapy within the past 90 days; The patient has a known tumor or metastasis in the neck. The patient has a known tumor or metastasis in the neck. The patient has a known tumor or metastasis in the neck. The patient has a known tumor or metastasis in the neck. The patient has a known tumor or metastasis in the neck. The patient has a known tumor or metastasis in the neck. The patient has a known tumor or metastasis in the neck. The patient has a known tumor or metastasis in the neck, the patient has a known tumor or metastasis in the neck, the patient has a known tumor or metastasis in the neck, the patient has a known tumor or metastasis in the neck, the study is being ordered for initial Staging; The patient thas a known tumor or metastasis in the neck, the study is being ordered for post-demandary or a contrast material. This is a request for neck soft tissue CT; The study is being ordered for post-demandary or 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; the stage or a bigging or the fact of the study is posted to evaluate the patient of the study is being ordered for post-demandary or material. The is a request for or ordificace, or neck soft tissue CT; The study is being ordered for post-demandary or material. This is a request for ordificace, or neck soft tissue CT; The study is being ordered for post-demandary or m	Hematologist/Oncologist	Approval		neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes	1
Hematologist/Oncologist Approval Approv	Hematologist/Oncologist	Approval		has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.;	1
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 70490 Computed tomography, soft tissue neck; without 70540 Magnetic resonance (eg, proton) imaging, orbit, face, 70540 Magnetic resonance (eg, proton) imaging, orbit, face, 804 and/or neck; without contrast material(s) 70540 Magnetic resonance (eg, proton) imaging, orbit, face, 805 and/or neck; without contrast material(s) 70540 Magnetic resonance (eg, proton) imaging, orbit, face, 806 and/or neck; without contrast material(s) 807 and/or neck; without contrast material(s) 808 and/or neck; without contrast material(s) 809 and/or neck; without contrast material(s) 809 and/or neck; without contrast material(s) 800 and/or neck; without contrast material(s) 800 and or neck; without contrast material 800 and or neck; with				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	5
Hematologist/Oncologist Approval contrast material 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) 1 tis unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Diagnostic CT 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) 1 tis unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of and/or neck; without contrast material(s) 1 orbit or face trauma or injury. Approval Approval and/or neck; without contrast material(s) 70540 Magnetic resonance (eg. proton) imaging, orbit, face, 1 orbit or face trauma or injury. There are 3 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT 70540 Magnetic resonance (eg. proton) imaging, orbit, face, 1 orbit or face trauma or injury. Approval and/or neck; without contrast material(s) 1 Unknown; There is not an immediate family history of aneurysm.; The patient does not have a 8 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. TOSS1 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material been a stroke or TIA within the past two weeks; This is a request for revaluation of a headache. The patient has a chronic or recurring headache. Toss1 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material Unisted CT/MRI. Toss1 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material brain stem); without contrast material Unisted CT/MRI. Toss1 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material brain stem); without contrast m	Hematologist/Oncologist	Approval		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	4
70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) Approval App	Hematologist/Oncologist	Approval			2
Hematologist/Oncologist Approval Approv			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 post-	1
There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) Unknown; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient fas 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 MRI. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material Approval Ap			70540 Magnetic resonance (eg, proton) imaging, orbit, face,	It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of	1
Approval App	Hematologist/Oncologist		70540 Magnetic resonance (eg, proton) imaging, orbit, face,	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1
Hematologist/Oncologist Approval 57051 Magnetic resonance (eg, proton) imaging, brain (including hematologist/Oncologist Approval 57051 Magnetic resonance (eg, proton) imaging, brain (including hematologist/Oncologist 57051 Magnetic resonance (eg, proton) imaging, brain (including hematologist/Oncologist 57051 Magnetic resonance (eg, proton) imaging, brain (including 57051 Magnet	Homatologist/Opcologist	Approval		known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not	1
70551 Magnetic resonance (eg, proton) imaging, brain (including Hematologist/Oncologist Approval Appro			70551 Magnetic resonance (eg, proton) imaging, brain (including	.L occipital GBM; This request is for a Brain MRI; The study is being requested for evaluation of a	1
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 Hematologist/Oncologist Approval brain stem); without contrast material patient has a chronic or recurring headache.			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	1
			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	1
He has recently started complaining of dizziness with both sitting and standing. Patient reports blood pressures have been normal. MRI of Brain is requeste; This request is for a Brain MRI; The study is 1 70551 Magnetic resonance (eg, proton) imaging, brain (including NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.			70551 Magnetic resonance (eg, proton) imaging, brain (including	Patient has been diagnosed with Gastrointestinal Stromal Tumor and is taking Imatinib 400 mg daily. He has recently started complaining of dizziness with both sitting and standing. Patient reports blood pressures have been normal. MRI of sini is requester, 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	1
70551 Magnetic resonance (eg, proton) imaging, brain (including Patients balance is off; This request is for a Brain MRI; The study is NOT being requested for 1 Hematologist/Oncologist Approval brain stem); without contrast material evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	Hematologist/Oncologist	Approval			1
70551 Magnetic resonance (eg, proton) imaging, brain (including pt c/o headache, dizziness and blurred vision; This request is for a Brain MRI; The study is being pt c/o headache, dizziness and blurred vision; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Hematologist/Oncologist	Approval		requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
short term memory; This request is for a Brain MRI; The study is NOT being requested for evaluation 70551 Magnetic resonance (eg, proton) imaging, brain (including Hematologist/Oncologist Approval	Hematologist/Oncologist	Approval		of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Squamous cell ca w/ mets; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs 1 Hematologist/Oncologist Approval brain stem); without contrast material specialty is Hematologist/Oncologist	Hematologist/Oncologist	Approval		is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1
squamous; 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 1 70551 Magnetic resonance (eg, proton) imaging, brain (including 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.	Hematologist/Oncologist	Approval		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
	Hematologist/Oncologist	Approval		Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
	Hematologist/Oncologist	Approval	brain stem); without contrast material	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	6
70551 Magnetic resonance (eg, proton) imaging, brain (including Hematologist/Oncologist Approval brain stem); without contrast material 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.	Hematologist/Oncologist	Approval			27

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	31
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
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	1
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.	2
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	9
		71250 Computed tomography, thorax; without contrast	6.2 MM PLEURAL BASED NODULE IN THE SUPERIOR SEGMENT OF THE LEFT LOWER LOBE, LUNG RADS CATEGORY 3.; 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	1
Hematologist/Oncologist	Approval	material 71250 Computed tomography, thorax; without contrast	months.; Yes this is a request for a Diagnostic CT A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a	27
Hematologist/Oncologist	Approval	material 71250 Computed tomography, thorax; without contrast	request for a Diagnostic CT A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.;	1
Hematologist/Oncologist	Approval	material 71250 Computed tomography, thorax; without contrast	Yes this is a request for a Diagnostic CT ANEMIA, ELEVATED PSA, IRON DEFICIENCY, LEUKOCYTOSIS, EXCESSIVE WEIGHT LOSS, BLADDER MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	material 71250 Computed tomography, thorax; without contrast material	Unlisted CT/MRI. ASSESSMENT OF BREAST CANCER WITH COMPLAINT OF ABDOMINAL PAIN AND DYSPNEA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	BREAST CANCER WITH NEW SIGNS AND SYMPTOMS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CT scan head, chest, abdomen, pelvis and bone scan for restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In ABNORMAL CYTOLOGY, NEED FURTHER LUNG EVALUATION; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Follow up after patient has had pneumonia and that patient has cancer.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	For initial evaluation and assessment of breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	He will have a CT C/A/P and bone scan in 1 week to evaluate treatment response of his prostate cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Hodgkin lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
ricinatologist/ Oricologist	Approvai	material	FET Justi, of Offinited Ciffwird.	

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Malignant neoplasm of lower third of esophagus; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Malignant neoplasm of upper lobe, left bronchus or lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient newly diagnosed with stage IIIB colon cancer, T4a N1b cM0. Initial staging for metastatic disease.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient has cancer she is on treatment and her tumor markers are elevated; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Primary malignant neoplasm of upper lobe of right lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	PT HAD A CT CHEST ON 1/7/19 THAT SHOWED MULTIPLE PULMONARY NODULES THOUGHT TO BE AN INFECTIOUS PROCESS. RADIOLOGIST RECOMMENDS A FOLLOW UP CT SCAN TO ENSURE RESOLUTION OF THIS 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	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Pt has an increasing prominence of the pulmonary interstitium is present in the right upper lobe. No localized mass is present. Thickening of the right upper lobar bronchus and its segmental branches is present, "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Recurrent/metastatic colorectal cancer/lynch syndrome.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	renal mass found on ct abd and pel; "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 RE-STAGING SCANS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	She is complaining of persistent pain.;1. Stage IV Uterine Leiomyosarcoma with mets to the sacral bone- Dx (3/7/19) by sacral lesion biopsy which revealed leiomyosarcoma (confirmed by Cleveland Clinic);Uterine mass (3/22/2019) Necrotic tumor, compatible; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	She will have a CT C/A/P prior to her next exam to evaluate her bladder cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Squamous cell ca w/ mets; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	101
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	27
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	2
			Trying to re access a lung nodgule .; A Chest/Thorax CT is being ordered.; This study is being ordered	1
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	x-ray was nondiagnostic; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Terratologist/ Officologist	дрогоча	71275 Computed tomographic angiography, chest		
Hematologist/Oncologist	Approval	(noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	6
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
nematologist/Oncologist	Арргоча	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1
Hematologist/Oncologist	Approval	contrast material(s)	Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72128 Computed tomography, thoracic spine; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
		72131 Computed tomography, lumbar spine; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1
Hematologist/Oncologist	Approval	material	Hematologist/Oncologist	
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; Known Tumon with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1
Hematologist/Oncologist	Approval	and contents, cervical; without contrast material	Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1
Hematologist/Oncologist	Approval	and contents, thoracic; without contrast material	Hematologist/Oncologist	
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
		72148 Magnetic resonance (eg, proton) imaging, spinal canal	The study requested is a Lumbar Spine MRI.; There is evidence of tumor or metastasis on a bone	1
Hematologist/Oncologist	Approval	and contents, lumbar; without contrast material	scan or x-ray.; Suspected Tumor with or without Metastasis There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	2
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
			18 y/o female with NF1 and a hx of rhabdomyosarcoma of the pelvis with therapy completed in 2003 that included surgical resection, chemotherapy, and radiation and of a sclerosing stromal tumor of the right ovary resected in June 2017 who presents today for This is a request for a Pelvis	
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with	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	1
Hematologist/Oncologist	Approval	contrast material(s)	of joint or bone infect There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		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	
Hematologist/Oncologist	Approval	73200 Computed tomography, upper extremity; without contrast material	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
		73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; 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	2
Hematologist/Oncologist	Approval	followed by contrast material(s) and further sequences 73220 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; without contrast material(s),	Hematologist/Oncologist There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	2
Hematologist/Oncologist	Approval	followed by contrast material(s) and further sequences	Hematologist/Oncologist	-

Waystelagist (Oppologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion, The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an approximation are not provided to the provided of the provid	1
Hematologist/Oncologist	Approval	upper extremity; without contrast material(s) 73700 Computed tomography, lower extremity; without	operating surgeon for pre-operative planning. This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a	1
Hematologist/Oncologist	Approval	contrast material 73721 Magnetic resonance (eg, proton) imaging, any joint of	request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip	1
Hematologist/Oncologist	Approval	lower extremity; without contrast material 73721 Magnetic resonance (eg, proton) imaging, any joint of	pain is chronic.; The request is for hip pain. There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1
Hematologist/Oncologist	Approval	lower extremity; without contrast material	Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	possible mass; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1
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	5
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	1
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.	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
		74176 Computed tomography, abdomen and pelvis; without	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for	2
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	hematuria.; Yes this is a request for a Diagnostic CT ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	9
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ANEMIA, ELEVATED PSA, IRON DEFICIENCY, LEUKOCYTOSIS, EXCESSIVE WEIGHT LOSS, BLADDER MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	ASSESSMENT OF BREAST CANCER WITH COMPLAINT OF ABDOMINAL PAIN AND DYSPNEA.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CT scan head, chest, abdomen, pelvis and bone scan for restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	For initial evaluation and assessment of breast cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. He will have a CT C/A/P and bone scan in 1 week to evaluate treatment response of his prostate	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignant neoplasm of lower third of esophagus; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignant neoplasm of upper lobe, left bronchus or lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has cancer she is on treatment and her tumor markers are elevated; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Primary malignant neoplasm of upper lobe of right lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has a dx of pancreatic cancer and presented with some abdominal pain and ascites. CT abdomen/pelvis ordered to monitor pancreatic cancer to rule out progression.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam, 'The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt with diagnosis of leukocytosis and physical exam showed mild tenderness on palpation in epigastric area. Pt has history of cervical cancer approximately 21 years ago, still has both ovaries.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Recurrent/metastatic colorectal cancer/lynch syndrome.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RE-STAGING SCANS: One of the studies being ordered is a Breast MRI_CT_Colonoscopy_ERCT_MRS	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging: One of the studies being ordered is a Breast MRI_CT_Colonoscopy_FBCT_MRS_PFT Scan	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She is complaining of persistent pain.;1. Stage IV Uterine Leiomyosarcoma with mets to the sacral	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She will have a CT C/A/P prior to her next exam to evaluate her bladder cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Squamous cell ca w/ mets; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	91
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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	23
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for 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	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is 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 perfomred 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is 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	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	3

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; 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	19
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound, The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	upon physical exam abdominal distension was found by pcp angela jones 07/16/19; with elevated labs for bilirubin and liver enzymes concerned with obstruction or pancreatic mass; This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	will be faxing in clinicals; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	4
Hematologist/Oncologist	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	3
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
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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2
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	5
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	1
Hematologist/Oncologist	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	; 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
		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	BREAST CANCER WITH NEW SIGNS AND SYMPTOMS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Hematologist/Oncologist	Approval	additional quantitative processing 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic),	CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist There are 3 exams are being ordered, one of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	2
Hematologist/Oncologist	Approval	wall motion study plus ejection fraction, with or without 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic),	Hematologist/Oncologist This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of	1
Hematologist/Oncologist	Approval	wall motion study plus ejection fraction, with or without	breath, etc.),"; The patient has not had a previous MUGA scan.;	
		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 Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.; Patient has shortness of breath and	1
Hematologist/Oncologist	Approval	additional quantitative processing	edema. Last echo demonstrated an ejection fraction of 20%.	

Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Evaluate EF after patient received Cardiotoxic chemotherapy	1
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; PATIENT WILL START CHEMOTHERAPY AFTER MEDIPORT PLACEMENT	1
		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	1
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	wall motion study plus ejection fraction, with or without 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	has not been initiated or completed.; Chemotherapy is planned.; RESTAGING FOR ECURRENT DISEASE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new singns or symptoms; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	
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 Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Hematologist/Oncologist	Approval	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
		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction	(Managed St.)	1
Hematologist/Oncologist	Approval	and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently		
Hematologist/Oncologist	Approval	acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	colon carsenoma initial staging for ct scan 7/24/19, 7/22/19 colonoscopy mass 18cm,biosby advasive carsenoma ,ct reveal several cyst for possible metasis , CEA of 6.5 performed 8/2/19; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Tiernatologist/ Officologist	Арргочаг	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is	1
Hematologist/Oncologist	Approval	and anatomical localization imaging; whole body	Hematologist/Oncologist	-
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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)	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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 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 PDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer; This is a Medicare member; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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)	3

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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
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)	3
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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 Thyroid Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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 Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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 Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	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 Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Resign and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy,; This study is being ordered to establish a cancer diagnosis.; This study is being requested for 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

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		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; It is unknown if this request is for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a	1
Hematologist/Oncologist	Approval	and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction	Routine/Standard PET Scan using FDG (fluorodeoxyglucose) 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	3
Hematologist/Oncologist	Approval	and anatomical localization imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose) This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being	
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	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 None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a 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 None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyelucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for 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 None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a 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
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 2 PET Scans have already been performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; It is unknown if this is for an evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillarry lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
incinatologist/ Ontologist	Approvai	and anatomical localization inlaging, whole body	medicare member, this is for a noutine/standar FET scan using 100 (mid/loue)xygiutose)	

Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for 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
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction	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)	3
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist Approv	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
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)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using PDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnossis; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently 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
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently 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 (Restagn and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently 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 Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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)	3
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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
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		chemotherapy, atrial fibrillation, patient needs study for managing cancer treatment.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Eval LVEF due to potentially cardiotoxic anti-neoplastic Rx; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Needs to have ECHO to check LVEF prior to beginning chemotherapy for lymphoma.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		symptoms of heart failure; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2
Hematologist/Oncologist	Approval	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		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
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	6
Hematologist/Oncologist	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 Pulmonary Hypertension.	1
Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
nematologist/ oncologist	Approvat	70450 Computed tomography, head or brain; without contrast		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Hematologist/Oncologist	Disapproval	material	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	ALTERED MENTAL STATUS; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Tiernatologist/Ontologist	Disappiovai	70450 Computed tomography, head or brain; without contrast	nadiology services befiled Not intedically Necessary	Newly diagnosed non small cell lung cancer; One of the studies being ordered is a Breast MRI, CT	1
Hematologist/Oncologist	Disapproval	material	Radiology Services Denied Not Medically Necessary	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	concerned of academic achieved rule out learning disabilities cognitive has trouble paying attention; 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
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		RESTAGING FOR RECURRENT DISEASE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	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
TETHICOLOGIST OFFICE OFFI	ызарргочаг	71250 Computed tomography, thorax; without contrast	nationally services believe the weatherly 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	1
Hematologist/Oncologist	Disapproval	material 71250 Computed tomography, thorax; without contrast	Radiology Services Denied Not Medically Necessary	work-up for suspicious mass.; Yes this is a request for a Diagnostic CT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	3
Hematologist/Oncologist	Disapproval	material	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI. ; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	3
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with		colon carsenoma initial staging for ct scan 7/24/19 ,7/22/19 colonoscopy mass 18cm,biosby advasive carsenoma ,ct reveal several cyst for possible metasis , CEA of 6.5 performed 8/2/19; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Hematologist/Oncologist	Disapproval	contrast material(s) 74176 Computed tomography, abdomen and pelvis; without	Radiology Services Denied Not Medically Necessary	CT/MRI. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	3
Hematologist/Oncologist	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI. ; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	He is also complained of some mild angina and He is complaining of mid epigastric to lower abdominal pain and distention. and he is being treated with oral medication for his HIV; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt presented to oncology/hematology office with anemia and complaints of abdominal pain. CT of abdomen and pelvis ordered because pt is too obese for an ultrasound.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
		74181 Magnetic resonance (eg, proton) imaging, abdomen;		; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of	1
Hematologist/Oncologist	Disapproval	without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen;	Radiology Services Denied Not Medically Necessary	metastasis. colon carsenoma initial staging for ct scan 7/24/19 ,7/22/19 colonoscopy mass 18cm,biosby advasive carsenoma ,ct reveal several cyst for possible metasis , CEA of 6.5 performed 8/2/19; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Hematologist/Oncologist	Disapproval	without contrast material(s)	Radiology Services Denied Not Medically Necessary	CT/MRI. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor; This is NOT a Medicare member; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	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	Newly diagnosed non small cell lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction		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	1
Hematologist/Oncologist	Disapproval	and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	(fluorodeoxyglucose)	
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 Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
			,,		
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; A 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
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 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
		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction		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	1
Hematologist/Oncologist	Disapproval	and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently	Radiology Services Denied Not Medically Necessary	(fluorodeoxyglucose)	
Hematologist/Oncologist	Disapproval	acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1
		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction		This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-	2
Hematologist/Oncologist	Disapproval	and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	Dotatate)	
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; 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
			of an internal and income income	,	

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; 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
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	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)	4
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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 singns or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging, whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new singns or symptoms.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Infectious Diseases	Approval	and anatomical localization imaging; whole body 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	radiology Services Defined Not intedically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
		74176 Computed tomography, abdomen and pelvis; without		tenderness, follow-up; This is a request for an abdomen-pelvis CT combination.; This study is being queuested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint; There has been a physical exam.; The patient is female; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic	1
Infectious Diseases	Approval	contrast material		ст	

			This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being	
			requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course	1
		74176 Computed tomography, abdomen and pelvis; without	of chemotherapy or radiation therapy within the past 90 days; Yes this is a request for a Diagnostic	
Infectious Diseases	Approval	contrast material	σ	
			.;Reason for Study (REQUIRED): bleed/ fracture-pt had a fall yesterday and hit his head. has had	
			heeeaassoonn ffoorr AAppppooiinnttmmeenntt;1. Hit head;Vital Signs;Ht 70.00 in, Ht-cm 177.80, Wt 321.6 lbs, Wt-kg 145.88, BP 124/74 mm;Hg, HR 71 /min; 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,	1
			one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent	
1.1		70450 Computed tomography, head or brain; without contrast	onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or	
Internal Medicine	Approval	material	injury. ; 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)	1
		70450 Computed tomography, head or brain; without contrast	of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being	1
Internal Medicine	Approval	material	ordered for neurological deficits.	
		70450 Computed tomography, head or brain; without contrast	Pt sustained head injury in MVC on 9/29/19; This is a request for a brain/head CT.; The study is	1
Internal Medicine	Approval	material	being requested for evaluation of a headache.; The headache is described as chronic or recurring.	
			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	
		70450 Computed tomography, head or brain; without contrast	the meadach is described as Student and severier, the headach is to excited as a finding right the meadach is to excited as a finding right the last 4 the meadach is to excite a finding right the last 4 the meadach is to excite a finding right the last 4 the meadach is the meadach is the meadach in the last 4 the meadach is the meadach in the last 4 the meadach is the meadach in the last 4 the meadach is the meadach in the meadach in the meadach in the meadach is the meadach in the	3
Internal Medicine	Approval	material	weeks) of neurologic symptoms.	
			This is a second for a basis (based CT. The about it being a second control of the secon	
			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.;	1
		70450 Computed tomography, head or brain; without contrast	The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT	-
Internal Medicine	Approval	material	able to have a Brain MRI for evaluation of these symptoms.	
			This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a	
		70450 Computed tomography, head or brain; without contrast	headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within	1
Internal Medicine	Approval	material	the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	1
internal Wealtine	Арргочи	material	incadelle, illis study is delig ordered for infection of infinitelial.	
			"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or	1
Internal Medicine	A	70486 Computed tomography, maxillofacial area; without contrast material	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	-
internal Medicine	Approval	contrast material	suspicion or bone infection, losteomyemist, ict.; rest units a request ior a biagnostic Ci. "This request is for face, jaw, mandible CT.239.8", "There is not a history of serious facial bone or	
		70486 Computed tomography, maxillofacial area; without	skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a	1
Internal Medicine	Approval	contrast material	request for a Diagnostic CT	
			; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden	
			onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and	1
			reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more	1
Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a	
internal Medicine	Approvar	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	
Internal Medicine	Approval	contrast material	a request for a Diagnostic CT	1
			; This is a request for neck soft tissue CT.; The study is being ordered for something other than	
		70490 Computed tomography, soft tissue neck; without	Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	1
Internal Medicine	Approval	contrast material	infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	
			Patient has fever, chills, and fatigue with nausea and vomiting. Cervical LAD; This is a request for	
			neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days	1
		70490 Computed tomography, soft tissue neck; without	apart.; The lump did not get smaller.; A fine needle aspirate was NOT done; Yes this is a request for	
Internal Medicine	Approval	contrast material	a Diagnostic CT	
			Right sided facial mass posterior to mandible, below right ear, firm, fixed to deep tissue, non-tender; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable	
		70490 Computed tomography, soft tissue neck; without	neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes	1
Internal Medicine	Approval	contrast material	this is a request for a Diagnostic CT	
		70400 Computed tomography coff ticsus pocks with and	This is a request for pack soft tissue CT - Surgery is schooluled within the sent 20 days. The section	1
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
	, .pp. 014.			

Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Neurological deficit present, see hpi . In light of her history of aneurysm will get cta. These might also be nerve implingement from djd cspine or neuralgia; CTA HEAD AND NECK W WO CONTRAST;; This study is being ordered for Vascular Disease.; 06/01/2019; There has been treatment or conservative therapy.; Patient with 3-4 week history of daily numbness or pain feeling behind the right ear radiating up towards the top of the head. 8/10 Intensity. Lasts 1-2 minutes and happens almost daily, 1-3 episodes daily Seems the ones lately are more intense. No t; negative c-spine x-ray, negative lab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		70496 Computed tomographic angiography, head, with contrast		
		material(s), including noncontrast images, if performed, and		1
Internal Medicine	Approval	image postprocessing	Yes, this is a request for CT Angiography of the brain.	
		70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and		3
Internal Medicine	Approval	image postprocessing	Yes, this is a request for CT Angiography of the Neck.	3
internal Medicine	Арргочаг	70544 Magnetic resonance angiography, head; without contrast	tes, tills is a request for CT Angiography of the Neck.	
Internal Medicine	Approval	material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
internal Medicine	Арргочаг	illaterial(s)	meters at immediate family history of alterrysm., This is a request for a brain MAA.	
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1
Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography,; It is unknown if the patient had an onset of neurologic symptoms within the last two weeks.; The patient has been diagnosed with coarctation of the aorta.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1
		70547 Magnetic resonance angiography, neck; without contrast	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or	1
Internal Medicine	Approval	material(s)	carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	
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.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	c/o feeling dizzy X3 days happens when he is sitting and standing; This request is for a Brain MRI; The study is NOT being requested for evaltion of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
internal Medicine	Арргочаг	brain sterry, without contrast material	Memory Loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Neurologic examination is normal and headache seems to be more tension and cervicalgia but vision loss and scintillations are concerning. ;;This is a chronic condition with a duration greater than one year. Headache characteristics are tight band worse; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	NEW ONSET OF APHASIABI-LAT WEAKNESS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Nonintractable headache, unspecified chronicity pattern, unspecified headache type. ;;Dizziness ;;History of Chiari malformation; This request is for a Brain MRI; The study is being requested for	1
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Problems,Reviewed Problems;Hypothyroidism;Hyperlipidemia;Anxiety - Onset: 03/19/2019;Dysthymia;Essential hypertension;Chronic obstructive lung disease;Arthropathy;Osteoporosis;Family History;Reviewed Family History;Sister- Malignant neoplasti; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Internal Medicine	Approval	70551 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).	4

nternal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	5
nternal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI: The study is NOT being requested for evaluation of a headache. This	1
nternal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1
nternal Medicine	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	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including	worst headache patient is saying blurred vision and confusion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring	1
nternal Medicine	Approval	brain stem); without contrast material	headache. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not	4
nternal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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	4
Internal Medicine	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 for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
nternal 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	1
internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	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 reguest for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A	2
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material		1
Internal 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 had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered : This study is being ordered for known tumor : Yes this is a	4
Internal 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	2
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
		71250 Computed tomography, thorax; without contrast	30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being	1
Internal Medicine	Approval	material	ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	

Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Nodules measuring 4 mm in both lower lobes, unchanged on; the right, and slightly decreased in size on the left compared to the CTA from 9/26/2017. A follow-up CT of the chest is recommended in 12 months to assess for continued stability.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 81 years old or older.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Possible subtle lung lesion in the right lung just superior to the; right seventh rib. Diffuse interstitial disease is present with no; significant interval change. Recommend CT of the chest for further; evaluation. Possible subtle lung lesion in the right; 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 has a 30 pack per year history of smoking.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Sternal pain/xiphoid pain/pain after CABG: Had growth on xiphoid in 2009 - says that he had the same pain when he had the growth on his xiphoid. CXR normal, pain appears severe when coughing. CT chest requested for further evaluation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
internal Medicine	Арргочи	71250 Computed tomography, thorax; without contrast	The request is for a chest, thoracic or sterno-clavicular joint CT.; "There is a nodule,coin lesion or	
Internal Medicine	Approval	material	other lung mass.cxct"; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	6
Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
		71250 Computed tomography, thorax; without contrast	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	1
Internal Medicine	Approval	material 71275 Computed tomographic angiography, chest	mass.; Yes this is a request for a Diagnostic CT	
Internal Medicine	Approval	(noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; headache. sensory motor neuropathy; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; headache. sensory motor neuropathy; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
	, ipprovai		This is a request for a lumbar spine CT.; The patient does not have a history of severe low back	
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	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
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
		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	1
Internal Medicine	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT	-

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2001; There has been treatment or conservative therapy, ¿66.0 PAIN; PT, PAIN MANAGEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	7 months of conservative treatment and not better. taking steps to see what is wrong with patient; This study is 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 started seeing physician for back pain in 01/18/2019; There has been treatment or conservative therapy.; Cervical, thoracic, and lumbar back pain with muscle aches, tingling sensations. interference with sleep. Pain scale 7/10 sometimes 8/10 and worsening. described as sharp pain. weakness and numbness in legs; Nsaids, exercises, and pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right hand grip is 3/5, 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
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pain in the neck is on both sides and shoulders, is stabbing, has some tingling and numbness in the hands, is aggravated with lying and relieved to some extent with heat therapy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has a history of cervical surgeries. Patient has recently experienced increase in pain and changes to neck that require evaluation; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	RTC for f/u of cc of neck pain, still with sig neck pain, TTP, pain with arom of c spine. She has CC of Bilateral UE radiculopathy symptoms, numbness and tingling into hand. Has lost grip strength as well. No history of trauma, injury or falls; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RTC for f/u of cc of neck pain, still with sig neck pain, TTP, pain with arom of c spine. She has CC of Bilateral UE radiculopathy symptoms, numbness and tingling into hand. Has lost grip strength as well. No history of trauma, injury or falls; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This 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
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	7 months of conservative treatment and not better. taking steps to see what is wrong with patient; This study is 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 started seeing physician for back pain in 01/18/2019; There has been treatment or conservative therapy.; Cervical, thoracic, and lumbar back pain with muscle aches, tingling sensations. interference with sleep. Pain scale 7/10 sometimes 8/10 and worsening. described as sharp pain. weakness and numbness in legs; Nsaids, exercises, and pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pain in the back is in the lower back and radiates down to left leg. Prolonged sitting makes it worse. It's sharp. No bladder or bowel incontinence,;5he also has now bilateral thoracic pain. Is dull aching.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; physical therapy done but did not help	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2001; There has been treatment or conservative therapy.; G60.0 PAIN; PT, PAIN MANAGEMENT,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	(c/o hands going numb and feet burning);;Pain is primarily located over the lumbar region, radiates into the gluteal areas and posterior calves. Physical activity somewhat relieves the pain. There have been no recent fever or chills or recurrent traum; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Internal Medicine	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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Internal Medicine	Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Spinal stenosis, lumbar region, with neurogenic claudication completed physical therapy and did not feel that it helped his back. He still cannot walk very far without having to stop and rest because he has severe pain in his legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	7 months of conservative treatment and not better. taking steps to see what is wrong with patient; This study is 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 started seeing physician for back pain in 01/18/2019; There has been treatment or conservative therapy.; Cervical, thoracic, and lumbar back pain with muscle aches, tingling sensations. interference with sleep. Pain scale 7/10 sometimes 8/10 and worsening, described as sharp pain. weakness and numbness in legs; Nsaids, exercises, and pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Back Pain (low back pain than goes to Rt hip than leg goes numb); Annual Exam (lab and dr); Medication Refili; and Rash; HPI;50-year-old diabetic comes in today for follow-up. Says is been doing fairly well except chronic low back pain. He has a pain t; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; SHOOTING PAIN DOWN RIGHT LEG WITH NUMBNESS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Consult: ;Back pain ;The pain began 3 months ago;The pain is located lumbar region sharp pain, radiates to left buttocks and left leg and knee.;Overall condition was seen 4 weeks ago by ZSG for similar symptoms.;Pt states pain in Left lower b; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	limited range of motion; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.; dtr is abnormal	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Multilevel disc space narrowing is overall mild to;moderate. There is retrolisthesis of L2 on L3 measuring 8 mm and grade;1 anterolisthesis of L4 on L5 measuring 7 mm.;Facet joints: Multilevel facet arthropathy is most severe at L4-5 and;L5-S1.;Align; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Multilevel disc space narrowing is overall mild to;moderate. There is retrolisthesis of L2 on L3 measuring 8 mm and grade;1 anterolisthesis of L4 on L5 measuring 7 mm.;Facet joints: Multilevel facet arthropathy is most severe at L4-5 and;L5-S1.;Align; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;The patient does not have new signs or symptoms of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MVA 02/14/208, back pain, tenderness and 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.; Legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pain not improving despite conservative treatment over last three (3) months - recently fell and fractured sacrum - patient has recent history of breast cancer (Oct 2018) - advanced imaging requested to review/rule out mets to spine; 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 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.; depomedrol;gabapentin;lyrica;tylenol;ice pack	1
		72148 Magnetic resonance (eg, proton) imaging, spinal canal	patient has been in physical therapy since june 4, 2019 along with NSAIDS and analgesics with no relief. He has a referral to neurosurgery and this MRI is needed for further eval.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Left leg reflex is weaker than right 3+ on right side 2+	1
Internal Medicine	Approval	and contents, lumbar; without contrast material	on left side	

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt. having increased complaint of severe left lumbar radiculopathy. She has completed physical therapy and is still reporting weakness, tenderness and difficulty walking (pain in legs and hips bilaterally). Upon examination her physical therapist told he; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt. having increased complaint of severe left lumbar radiculopathy. She has completed physical therapy and is still reporting weakness, tenderness and difficulty walking (pain in legs and hips bilaterally). Upon examination her physical therapist told he; The patient does not have new signs or symptoms of Jadder or bowel dysfunction.; The patient does not have new signs or symptoms of Jadder or bowel dysfunction.	1
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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
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?	3
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.; Follow-up to Surgery or Fracture within the last 6 months; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; It is not known if the patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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
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.; 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
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This is a patient with bilateral lower extremity numbness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	R/O OSTEO – ABNORMAL X-RAY; This study is being ordered for trauma or injury.; 07/24/2019; 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
Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Requesting MRI of right shoulder due to ongoing pain of shoulder and failed physical therapy.; 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
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 arthrscopy 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
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The 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
Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
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	pt injured her ankle, xray how 0.6 cm osteochondral lesion of the medical aspect of the talar dome; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 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
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The study is for Aseptic Necrosis; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; The request is not for hip pain.	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	Abdominal pain, weakness, general Amylase; 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
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	FURTHER EVAL WITH A CT OF THE ABD, HEMANGIOMA PROTOCOL; 12.4mm ECHOGENIC LESION IN THE ANTERIOR SEGMENT OF RIGHT LOBE OF THE LIVER; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for a Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria; The hematuria is not newly diagnosed, it's known previous history.; There are new signs or symptoms other than hematuria.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; 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
memar Medicine	Approvai	contract material	Tes unis a request for a pragnostic C1	

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; It is not known if 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.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	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.; 09/12/2019; There has not been any treatment or conservative therapy.; jaundice; cough; abdominal pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abdomen: tenderness of left descending colon. Negative H. Pylori Chronic diarrhea. 6 week duration. Urinalysis normal.;;Possible Colitis,; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Again, patient presented with severe left lower quadrant abdominal pain and hematuria. Dr. suspects a kidney stone but needs further testing to determine treatment plan.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Extreme unintentional weight loss 20 pound weight loss in just a few months. (Since Feb. 19.) Lower abdominal pain, headaches, and persistent dizziness; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	history of kidney stones w/ flank pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Left lower quadrant pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has a renal mass.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is having severe abdominal pain secondary to having surgery in March.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Right inguinal pain: Possible hernia? Working to see if I can get patient in to see a general surgeon today. If not, will schedule CT and pursue General surgery referral at soonest available option. If patient develops increasing pain/symptoms or inabilit; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	rule out appendicitis or stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	seeing if member has a hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination; it is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination; The reason for the study is infection; The patient 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	5
internal Medicine	Approval	CONTRACT MARCHAI	CI	

			This is a request for an abdomen-pelvis CT combination.; This study is being requested for	
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
internal Medicine	Арргочаг	Contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for	
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unexplained weight loss, former smoker, family history of lung cancer; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
			VOMITING.; This is a request for an abdomen-pelvis CT combination.; This study is being requested	
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	x-ray of lower back on 9/5/19 complaint of right mid axial area above waist line no injuries, J.tspine series degenerative disease, scoleosis no acute process is seen "member called today extreme pain 8/10 tried the zanaflex no relief,shot of toradol help o; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain., There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
internal Wealtine	Арргочаг	contrast material	Not performed, its distribution of supposed of	
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.; There is suspicion of metastasis.	1
internal Medicine	Арргочаг	75635 Computed tomographic angiography, abdominal aorta	ilver autoritiants/ was tourit of it a previous et , wint of Ottassourius, Titler is suspicion of metastasis.	
		and bilateral iliofemoral lower extremity runoff, with contrast		2
Internal Medicine	Approval	material(s), including noncontrast images, if performed, and	Yes, this is a request for CT Angiography of the abdominal arteries. Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This	
Inhanal Madicia	Annes	77046 Magnetic resonance imaging, breast, without contrast	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	1
Internal Medicine	Approval	material; unilateral	children).	
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. The 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
		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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	1
Internal Medicine	Approval	or stress (exercise or pharmacologic)	the surgery/procedure or last cardiac imaging.	
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	3
		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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	4
Internal Medicine	Approval	or stress (exercise or pharmacologic)	restriction to the member's ability to exercise	

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; 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 Administring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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
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	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.; 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
Internal Medicine	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 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; 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
Internal Medicine	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 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
Internal Medicine	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 another reason; The reason for ordering this study is unknown.	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1
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 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) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of 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 heart failure. The stort has the content of the part o	1
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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
Internal Medicine	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 Mass.; This is for the initial evaluation of a cardiac mass.	1
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	2
Internal Medicine	Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	murmur.; The murmur is grade III (3) or greater. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing compartures of valve disease.	6
Internal Medicine	Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	symptoms of valve disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected	1
Internal Medicine	Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	valve disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	3
Internal Medicine	Approval	performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	

		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 Left Ventricular Function.; The patient does not have a	1
Internal Medicine	Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	history of a recent heart attack or hypertensive heart disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of	1
Internal Medicine	Approval	echocardiography	hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	
Internal Medicine	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 Pulmonary Hypertension.	5
Internal Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1
Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/17/2019; There has not been any treatment or conservative therapy; chest pains vision issues; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Approval	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	Patient has chest pain, pinched nerve down to her leg.; 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
		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	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.;	1
Internal Medicine	Approval	stress, with interpretation and report; 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The member has known or suspected coronary artery disease. This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac	2
Internal Medicine Internal Medicine	Approval Approval	treadmill, bicycle exercise and/or pharmacologically induced G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Catheterization in the last 2 years.; The member has known or suspected coronary artery disease. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 has not full grancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	5
Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	5
Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	unknown; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Yearly follow up for Lung Cancer screening; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1

Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 9th; 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
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 a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; 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
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient having left temple migraines/headaches. She is having them three times per week sometimes three times per day. The pain is described as throbbing and squeezing. Reports nausea, facial pain, visual disturbances.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents to the office today with complaints of anemia, feeling fatigued and headaches; Patient presents to the office today for an er follow up. She went to the ER yesterday after leaving the clinic. She continues to have a headache. She says it; 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
	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
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Internal Medicine	Disapproval	70.498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Neurological deficit present, see hpi . In light of her history of aneurysm will get cta. These might also be nerve implingement from djd cspine or neuralgia;- CTA HEAD AND NECK W WO CONTRAST;; This study is being ordered for Vascular Disease; 06/01/2019; There has been treatment or conservative therapy.; Patient with 3-4 week history of daily numbness or pain feeling behind the right ear radiating up towards the top of the head. 8/10 Intensity. Lasts 1-2 minutes and happens almost daily, 1-3 episodes daily Seems the ones lately are more intense. No t; negative c-spine x-ray, negative lab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
	Disapproval	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
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	history hypertension; connected to nausea; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	weakness and fatigue with activity.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Internal Medicine	Disapproval	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.; 09/12/2019; There has not been any treatment or conservative therapy.; jaundice; cough; abdominal pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal find dx imaging oth body structures; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest Pain, Soft Tissue Disorder; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work- up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CHEST PAINS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	congestion with COPD, history of smoking and family history of lung cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CT is being scheduled to EVALUATE NODULE SEEN ON RECENT CHEST XRAY. PATIENT IS WHEEZING. SHE HAS FINISHED MEDROL DOSEPAK AND RECEOVED STEROID SHOTS WITH NO IMPROVMENTS.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	left hilar irregularity; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Per 5/4/19 MRI pelvis, patient with rounded enhancing areas most notable between the right S1 and S2 foramina where a rounded lesion measures 1.3cm, ill-defined bone marrow signal abnormality is seen in the superior right sacral ala. Primary origin unknow; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	R/O COMPRESSION FRACTURE; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

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; unknown; There has been treatment or conservative therapy; headache. sensory motor neuropathy; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Disapproval	72128 Computed tomography, thoracic spine; without contrast	Radiology Sonices Denied Not Medically Necessary	CT thoracic spine to asses if patient is candidate for vertebroplasty. Compression fractures of T9 and T11; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why	1
ызарргочаг	incerto:	nationally services believe not including 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	1
Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	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	-
Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	lumbar injury.; Yes this is a request for a Diagnostic CT	1
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
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 metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
	72141 Magnetic resonance (eg, proton) imaging, spinal canal		; 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	1
	72141 Magnetic resonance (eg, proton) imaging, spinal canal		; 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.; Decrease of motion in the Neck.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray	1
	72141 Magnetic resonance (eg, proton) imaging, spinal canal		; This study is being ordered for trauma or injury.; 08/21/2019; There has been treatment or conservative therapy.; MVA-head,neck, and shoulder pain HER PAIN IS ON RIGHT SIDE OF NECK AND RIGHT SHOULDER; Will schedule an MRI of the C-spine, right shoulder and L/S spine. Referral for PT x 2 weeks. RTC in 1 week for a f/u. Ms Bennett reported to Unity ER on 8-21-19 after MVA. ER chart not available at this time. Her CXR and shoulder xrays, CT's of head 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	1
Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Oncology or Radiation Oncology 9/24/19 x-ray of cervical spine chest x-ray , severe pain , rule out Tumor; This is a request for cervical	
Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
	72141 Magnetic resonance (eg, proton) imaging, spinal canal		Abn xray, C-spine, DJD; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.;	1
Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	degenerative joint disease, Radiculopathy, chronic pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentationExercise And medication at home and to get the MRI and come back in for the follow up	1
	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	Disapproval 72128 Computed tomography, thoracic spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Disapproval material 72128 Computed tomography, thoracic spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	the first their times or injury, metastic flowers, therefore, spiew, influenced year, influenced property of the control of th

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Documented back pain for at least 3 weeks, peripheral nephropathy for 4+ weeks; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	EMG ABNORMAL; 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.; ABNORMAL EMG	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain and radiculopathy for 8 weeks despite treatment with muscle relaxers/NSAIDS, ESI, as well as chiropractor/massage; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; L arm pain/weakness;Numbness in L hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NECK PAIN; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patients symptoms are not improving, they are getting worse. He complains of constant pain and tingling that makes it hard for him to move around normally.; This study is being ordered for trauma or injury; 2013; There has been treatment or conservative therapy.; Constant tingling in patients neck down to his shoulders and pain in shoulders down radiating to his legs.; Medication to relieve pain and instructions on how to do therapy at home; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 07/13/2019; There has not been any treatment or conservative therapy.; pain directly between shoulder blades, sharp burning pain, pain reduces with change of position but does not completely go away, CT completed at ER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Document exam findings>	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; 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.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRIL; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; low back pain with right sided radiculopathy, tingling and numbness down the legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	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.; low back pain, sciatica, weakness, straight leg raise is negative, reflexes are normal; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 08/21/2019; There has been treatment or conservative therapy.; MVA-head,neck, and shoulder pain HER PAIN IS ON RIGHT SIDE OF NECK AND RIGHT SHOULDER; Will schedule an MRI of the C-spine, right shoulder and L/S spine. Referral for PT x 2 weeks. RTC in 1 week for a f/u. Ms Bennett reported to Unity ER on 8-21-19 after MVA. ER chart not available at this time. Her CXR and shoulder xrays, CT's of head 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	8yr history of intermediate low back pain, radiates up left side of back and occasionally radiates to left leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic bilateral lower back pain in the lumbar region which is becoming significant and severe and interfering with his quality of life and his ability to get around and do things and he states he would like to see about seeing pain management he says he; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality. The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	LOWBACK 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
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain now radiating to both thighs, relieved by rest, radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patients symptoms are not improving, they are getting worse. He complains of constant pain and tingling that makes it hard for him to move around normally.; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; Constant tingling in patients neck down to his shoulders and pain in shoulders down radiating to his legs.; Medication to relieve pain and instructions on how to do therapy at home.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	physical exam; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Internal Medicine	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.; Loss of strength in bilateral lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks or 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; 04/09/2019-0917/2019 no relief in back.	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 07/13/2019; There has not been any treatment or conservative therapy.; pain directly between shoulder blades, sharp burning pain, pain reduces with change of position but does not completely go away, CT completed at ER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in BLE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 08/21/2019; There has been treatment or conservative therapy.; MVA-head,neck, and shoulder pain HER PAIN IS ON RIGHT SIDE OF NECK AND RIGHT SHOULDER; Will schedule an MRI of the C-spine, right shoulder and L/S spine. Referral for PT x 2 weeks. RTC in 1 week for a f/u. Ms Bennett reported to Unity ER on 8-21-19 after MVA. ER chart not available at this time. Her CXR and shoulder xrays, CT's of head 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
Internal Medicine	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 and cracking and popping; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has history of fractures and previous musculoskeletal injuries. Patient has limited ROM.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient recevied medication other than joint injections(s) or oral analgesics.; TORADOL;ROBAXIN;NASIDS	1
Internal Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	R/O OSTEO – ABNORMAL X-RAY; This study is being ordered for trauma or injury.; 07/24/2019; There has not been any treatment or conservative therapy.; PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
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	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.; 07/16/2019; There has not been any treatment or conservative therapy.; leg pain-lower and swelling. Tender to tough went to ER and was told has a blood clot-severe leg pain. Wound is also on lower 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

Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	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.; July 9th; There has not been any treatment or conservative therapy;; One of the studies being ordered is NOT a Breast MRI, CT Colnosscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	LLQ ABD PAIN FOR 2-3 DAYS, CHILLS, LOOSE STOOLS, TENDERNESS WITH GUARDING; TEMP-98.6; R/O: DIVERTICULITIS; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	looking for a mass, following of extremity.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Per 5/4/19 MRI pelvis, patient with rounded enhancing areas most notable between the right S1 and S2 foramina where a rounded lesion measures 1.3cm, ill-defined bone marrow signal abnormality is seen in the superior right sacral ala. Primary origin unknow; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	pt was seen in the Emergency room for this pain. A CT was done and there were several hepatic lesions on study; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This is study is being requested 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
Internal Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		; 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
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	C/o DOE. No chest pain. Worse of late. Last couple mo. No syncope or palp.; 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

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	DOE with extreme fatigue in pt with HTN who is a former nicotine user.; 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 discorders.; 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
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	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The 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
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient had an EKG that was abnormal.; 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
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	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	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
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	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.	3
Internal Medicine		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest		Will FAX; 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	1
Internal Medicine	Disapproval 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 Radiology Services Denied Not Medically Necessary	activity) and/or nitroglycerin ; 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
Internal Medicine	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 another reason; The reason for ordering this study is unknown.	1
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1
				Enter answer here - or Type In Unknown If No Info Given. 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	1
Internal Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	

Internal Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Interventional Radiologists	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
Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		this is for f/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.; 02/20/2018; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given cerebral arteriogram vessel; One of the studies being ordered is NOTa Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	2
Interventional Radiologists	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	1
Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Interventional Radiologists	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3	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
Interventional Radiologists	Approval	71250 Computed tomography, thorax; without contrast material		HTN and colon adenocarcinoma who was evaluated in clinic due to metastatic cancer to liver. She underwent open cholecystectomy, portal lymphadenectomy and ablation of liver tumor in segment 4B on 6/20/19. Pathology was consistent with stage III, pT3 (2.2c; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Interventional Radiologists	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
Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Abnormal uterine bleeding, uterine fibroids; 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
Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1
Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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
Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		HTN and colon adenocarcinoma who was evaluated in clinic due to metastatic cancer to liver. She underwent open cholecystectomy, portal lymphadenectomy and ablation of liver tumor in segment 4B on 6/20/19. Pathology was consistent with stage III, pT3 (2.2c; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1

Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; 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
·		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 follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last	1
Interventional Radiologists	Approval	without contrast material(s) 75635 Computed tomographic angiography, abdominal aorta		3 months.	
		and bilateral iliofemoral lower extremity runoff, with contrast			1
Interventional Radiologists	Approval	material(s), including noncontrast images, if performed, and		Yes, this is a request for CT Angiography of the abdominal arteries.	
Interventional Radiologists	Approval	78813 Positron emission tomography (PET) imaging; whole body		HTN and colon adenocarcinoma who was evaluated in clinic due to metastatic cancer to liver. She underwent open cholecystectomy, portal lymphadenectomy and ablation of liver tumor in segment 4B on 6/20/19. Pathology was consistent with stage III, pT3 (2.2c; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Interventional Radiologists	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is a 75 y.o. female who presents to clinic as a new patient for evaluation of back pain. She obtained x-rays and an MRI which showed an L1 compression fracture. She had a fall back in October, states she landed on her butt and sustained a wr; This study is being ordered for trauma or injury.; 10/2018; There has been treatment or conservative therapy.; back pain/MRI which showed an L1 compression fracture; She has been taking muscle relaxers and narcotics which help alleviate the pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Interventional Radiologists	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is a 75 y.o. female who presents to clinic as a new patient for evaluation of back pain. She obtained x-rays and an MRI which showed an L1 compression fracture. She had a fall back in October, states she landed on her butt and sustained a wr; This study is being ordered for trauma or injury.; 10/2018; There has been treatment or conservative therapy.; back pain/MRI which showed an L1 compression fracture; She has been taking muscle relaxers and narcotics which help alleviate the pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Interventional Radiologists	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Medical Genetics	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 between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Other than listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1
		74175 Computed tomographic angiography, abdomen, with			2
Nephrology	Approval	contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		rule out kidney stone; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for 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
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Enter answer here - or Type In Unknown If No Info Given. This 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
Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		Polycystic kidney disease; 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

Nephrology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
чершоюду	Арргочаг	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if		(nuol deoxygiacose)	1
Nephrology	Disapproval	performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Nephrology	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.; 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
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The patient did not have an audiogram.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		collapsedsent to the ERintraparenchymal hemorrhage in the left frontal lobedecreased conspicuity of subarachnoid hemorrhageat the level of both frontal lobesmild global volume losssmall vessel peridenprical white matteroffice follow up; 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
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		post op visit after left parietal craniotomy with evacuation of subdural hematoma on 6/24/19 and right suboccipital craniotomy and resection of infarcted cerebellar hemisphere on 7/3/19 by Dr. Tuck. He was discharged from the hospital on 8/12/19; He repo; 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 tiether than 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 stroke or aneurysm.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache; 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
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.	1
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain.	2
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	2
Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		; This study is being ordered for a neurological disorder.; 04/29/2019; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
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

70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material 70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 37 year old woman with a 4 day history of an acute headache. She has no meningeal signs on exam. CT head imaging with signs of a chiari malformation; 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	1
	CT head imaging with signs of a chiari malformation.; 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	
	ing, brain (including sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
70551 Magnetic resonance (eg. proton) ima Neurological Surgery Approval brain stem); without contrast material	6 weeks s/p SOD with wound C/D/I. Has had some hiccups as well as low grade temops. Tried pred pak but it made her neauseos. Overall signifiantly improved symptoms already. Plan for f/u stidies in 6 weeks (HNC). She is to try ibuprofen as tol. Has heat b; This study is being ordered for Congenital Anomaly, 4/12/19; There has been treatment or conservative therapy; 21 yer old female with long history of Valsalva headaches and extremity numbness, incooordination, imbalance tinnitus, swallowiing issues, speech issues, neck pain, syncope/ presyncope, orthostatic issues, back pain. Diagnosed with CHiri I and had SOD wit; Had Craniectomy with decompression 7/24/19; 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
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	6 weeks s/p SOD. Has had some right UE weakness in trapezius with shoulder pain. Counseled on ROM/ PT to start. Wound C/D/I flat except small scab area superiorly. Headaches improved. Multiple nonsp complaints C/W typical post op CHiari which we will foll; This study is being ordered for Congenital Anomaly.; 4/9/19; There has been treatment or conservative therapy.; Associated Symptoms: weakness; numbness, fine motor control problems, falls / hear falls/84 year old female with history of headaches since 15 exacerbated by Valsalva with near syncope with Valsalva, visual issues, tinnitus, swallowings issues, pallpitati; Craniectomy, suboccipital; exploration/decompression, cranial nerves (surg) - 08/14/2019; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	Eval for a 11 mm left parietal convexity meningioma.; This request is for a Brain MRI; The study is	1
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	FACIAL SPASMS, SURGICAL PLANNING.; 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,	1
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	HEMANGIOMA FOLLOWUP; 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	1
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with	1
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	this test.	1
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	this test.; The patient has Fluid on the brain (hydrocephalus).	2
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	months).	1
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	ing, 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.	24
70551 Magnetic resonance (eg, proton) ima Neurological Surgery Approval brain stem); without contrast material	ing, 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 seizures.; There has been a change in seizure pattern or a new seizure.	1
71550 Magnetic resonance (eg, proton) ima evaluation of hilar and mediastinal lymphad contrast material(s) Neurological Surgery Approval 72125 Computed tomography, cervical spin	enopathy); without EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	patient has had a MRI looking to see if patient has a Dens fracture.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; 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 study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; There is a reason why the patient cannot have a Cervical Spine MRI.	
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT 1	1
Neurological Surgery	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
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	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 have a new foot drop.; Surgery is scheduled within the next 4 weeks.; It is not known if the last Lumbar spine MRI was performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	7
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	3
		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	8
Neurological Surgery	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT	3
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness, headaches , tingling , burning, radiating down both shoulders- spasm, decreased range of motion, reflexes are 1+ on both sides. Tenderness.; The patient does not have new signs or symptoms or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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.; Cant feel hands, bilaterally having tingling, myopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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
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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
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 have bilateral Babinski, which suggests possibly an ischemic cerebral lesion.;There is some finger extension weakness on the left which might be a cervical problem.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness noted thorough out his bilaterally upper extremities; Denies any painful ROM In the right shoulder; Positive Phalen's on the right, negative tinel's ;;Tenderness in left SI and bursa; Reports painful ROM In the left hip; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness noted to left deltoid and tricep 4/5;Weakness noted to left ADQMI and APB 4/5;Tenderness to palpation in the left occipital area, left side of the neck, left shoulder, left shoulder blade, and left AC joint.;Muscle spasms noted in left side of; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy; hyperreflexia, Paresthisias; therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	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
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.; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOTa Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	39 old female diagnosed with Chiari I and IIH in 2010/11 who had VP shunt placed for LP OP 26 in 2011. She has done ok since then but recently has had increasing issues including SO headaches, right facial pain all divisions, tingling hands and feet, near; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness,; She reports poor memory, weakness, and poor coordination; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	6 weeks s/p SOD with wound C/D/I. Has had some hiccups as well as low grade temops. Tried pred pak but it made her neauseos. Overall signifiantly improved symptoms already. Plan for f/u stidies in 6 weeks (HNC). She is to try ibuprofen as tol. Has heat b; This study is being ordered for Congenital Anomaly; 4/12/19; There has been treatment or conservative therapy; 21 yer old female with long history of Valsalva headaches and extremity numbness, incocordination, imbalance tinnitus, swallowing issues, speech issues, neck pain, syncope/ presyncope, orthostatic issues, back pain. Diagnosed with CHiri I and had SOD wit; Had Craniectomy with decompression 7/24/19; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery Neurological Surgery	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	6 weeks s/p SOD. Has had some right UE weakness in trapezius with shoulder pain. Counseled on ROM/ PT to start. Wound C/D/I flat except small scab area superiorly. Headaches improved. Multiple nonsp complaints C/W typical post op CHiari which we will foll; This study is being ordered for Congenital Anomaly.; 4/9/19; There has been treatment or conservative therapy.; Associated Symptoms: weakness; numbness, fine motor control problems, falls /hear falls;48 year old female with history of headaches since 15 exacerbated by Valsalva with near syncope with Valsalva, visual issues, tinnitus, swallowings issues, pallpitati; Craniectomy, suboccipital; exploration/decompression, cranial nerves (surg) - 08/14/2019; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Bypassed clinical information; This is a request for cervical spine MRI; None of the above; it is not known if the patient has had back pain for over 4 weeks.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinically presents with possible HNP at left C6-C7 causing left C7 radiculitis. Will need new cervical MRI for further evaluation. Decreased pinprick and light touch; decreased LTPP over left C6 dermatome; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; noted at triceps on motor strength awam; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinicals to be uploaded.; This study is being ordered for trauma or injury.; December 2018; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist, Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	CONTINUED INCREASED NECK PAIN, NUMBNESS & DATIENT HAD EXTENSIVE PHYSICAL THERAPY WITHIN THE LAST THREE MONTHS WITH NO RELIEF OR IMPROVEMENT. PATIENT HAS DONE CERVICAL EPIDURAL INJECTIONS WITH NO IMPROVEMENT. AS WELL AS FACE TO FACE E; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; CERVICAL PAIN WITH RADICULOPATHY, NUMBNESS & DENTY, THOUSEN IN BOTH HANDS, CERVICAL LIST W/DECREASED LORDOSIS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	history of severe headaches. She states that her headaches are worse when she stands or does any type of strenuous physical activity. She states that her headaches sometimes last all day until she goes to sleep. She often wakes up with headaches. She; This study is being ordered for Congenital Anomaly.; 03/2018; There has been treatment or conservative therapy; Chiari 1 malformation and syringomyelia; On 07/26/2018 she underwent a Chiari decompression with dural splitting. Due to thick fatty tissue, her incision healed very slowly. The new MRI demonstrated her syringomyelia improved significantly.;She has some back pain. The MRI of her lumbar spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; 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, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patietn complaining of progressive increase in neck and bilateral left greater than right arm and interscapular pain. There are multiple anterior osteophytes on 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.; It is not known if there is weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	R/O CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

She has some residual altered sensation in the left lower extremity, but overall it is in is a request for cervical spine MRI; Neurological deficits; The patient does have new or	proving.; This
neurologic signs or symptoms.; There is weakness.; ; The patient does not have new symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent of a recent of the patient of the patient does not have new symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent of the patient does not have new symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent of the patient does not have new symptoms.	gns or 1
status post cervical spine surgery and lumbar spine pain. Determine if further surgic is necessary. This study is being ordered for a neurological disorder.; 2018; There ha treatment or conservative therapy.; neck pain, left arm numbness & amp; pain; Low b leg pain; Surgery/pt/meds; One of the studies being ordered is NOT a Breast MRI, CT 72141 Magnetic resonance (eg, proton) imaging, spinal canal Neurological Surgery Approval App	been ck pain with 1 Colonoscopy,
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The have new or changing neurologic sings or symptoms; The patient does not have new or thanging neurologic sings or symptoms; The patient does not have new or thanging neurologic sings or symptoms; The patient does not have new or thanging neurologic sings or symptoms; The patient does not have new or thanging neurologic sings or symptoms; The patient does not have new or thanging neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have new or changing neurologic sings or symptoms; The patient does not have never neurologic sings or symptoms; The patient does not have never neurologic sings or symptoms; The patient does not have never neurologic sings or symptoms; The patient does not have never	atient does signs or
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The not have new or changing neurologic signs or symptoms.; The patient has had back p weeks.; The patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.; The place of the patient has seen the doctor more then once for these symptoms.	in for over 4 ysician has 4
This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the la 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material and contents, cervical; without contrast material or or or thopedist.	
This is a request for cervical spine MRI; Neurological deficits; The patient does have new signs or symptoms of blace. Neurological Surgery Approval and contents, cervical; without contrast material dysfunction. This is a request for cervical spine MRI; Neurological deficits; The patient does have new signs or symptoms of blace and contents, cervical; without contrast material dysfunction.	0 0
72141 Magnetic resonance (eg, proton) imaging, spinal canal Neurological Surgery Approval and contents, cervical; without contrast material next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	cs.
This is a request for cervical spine MRI; Trauma or recent injury; The patient does hat changing neurologic signs or symptoms.; The patient does have new signs or symptom and contents, cervical; without contrast material	s of bladder or 1
This is a request for cervical spine MRI; Trauma or recent injury; The patient does no changing neurologic signs or symptoms.; The patient has had back pain for over 4 we patient has seen the doctor more then once for these symptoms.; The physician has seen the doctor more then once for these symptoms.; The physician has seen the doctor more then once for these symptoms.; The physician has seen the doctor more then once for these symptoms.; The physician has seen the doctor more then once for these symptoms.; The physician has seen the doctor more then once for these symptoms.; The patient has completed 6 weeks of the past 6 weeks.; The patient has completed 6 weeks of the past 6 weeks.; The patient has completed 6 weeks of the past 6 weeks.; The patient has completed 6 weeks of the past 6 weeks. The patient has completed 6 weeks of the past 6 weeks of the past 6 weeks. The patient has completed 6 weeks of the past 6 weeks. The pati	ks.; The irected 1
This study is being ordered for something other than: known trauma or injury, metal neurological disorder, inflammatory or infectious disease, congenital anomaly, or vas none; It is not known if there has been any treatment or conservative therapy.; none studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 72141 Magnetic resonance (eg, proton) imaging, spinal canal CTRNI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surge Neurological Surgery Approval and contents, cervical; without contrast material Surgical Oncology or Addition Oncology	ular disease.; One of the 1 Jnlisted
Unknown.; This study is being ordered for a neurological disorder.; 03-13-19; There I treatment or conservative therapy.; Patient has positive Hoffman, positive romderg, bowel inconsistence, bladder retention, back pain, numbness and tingling in extremit Medications, physical therapy, home exercises.; One of the studies being ordered is N 72141 Magnetic resonance (eg. proton) imaging, spinal canal MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs S Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	nstability, es.; 1 OT a Breast ecialty is NOT
unknown; This study is being ordered for something other than: known trauma or in disease, a neurological disorder, inflammatory or infectious disease, congenital anom disease.; 05/15/2019; There has been treatment or conservative therapy.; hyperresle the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan 72141 Magnetic resonance (eg, proton) imaging, spinal canal CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surge Neurological Surgery Approval and contents, cervical; without contrast material Surgical Oncology or Radiation Oncology	aly, or vascular kia; PT; One of 1 or Unlisted

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Clinicals to be uploaded.; This study is being ordered for trauma or injury.; December 2018; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	From Clinic note 7/24/19: MRI of the cervical spine without contrast done 5/7/19 at BHMC-LR showed no evidence of cervical spinal canal stenosis or nerve root impingement. There was moderate diffuse disc bugle at 72-3 that results in mild to moderate spin; 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.; 07/24/2019 NEUROLOGIC: following simple commands, higher cognitive functions intact, well-oriented, motor strength was as follows: Right lower extremity; hip flexors 4/5; hip extensors 4/5; knee flexors 4+/5; knee extensors 4+/5; planta; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	history of severe headaches. She states that her headaches are worse when she stands or does any type of strenuous physical activity. She states that her headaches sometimes last all day until she goes to sleep. She often wakes up with headaches. She; This study is being ordered for Congenital Anomaly.; 03/2018; There has been treatment or conservative therapy.; Chiari 1 malformation and syringomyelia; On 07/26/2018 she underwent a Chiari decompression with dural splitting. Due to thick fatty tissue, her incision healed very slowly. The new MRI demonstrated her syringomyelia improved significantly.; She has some back pain. The MRI of her lumbar spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	previous lumbar mri t10-11 that couldn't get a good view of possible stenosis; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; both lower extremities, legs giving out, using a cane; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	R/O CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	spinal cord stimulator, having the battery removed and replaced; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Thoracic Spine MRI was not performed within the past two weeks.	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Thoracic Spine: tenderness and decreased ROM. Lumbar Spine: decreased ROM.; This study is being ordered for a neurological disorder.; 06/30/2019; There has been treatment or conservative therapy.; Pain, weakness of extremities, numbness/tingling; IV steroid medication while inpatient, alternating heat and ice, NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or listed CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Unknown.; This study is being ordered for a neurological disorder.; 03-13-19; There has been treatment or conservative therapy.; Patient has positive Hoffman, positive romderg, instability, bowel inconsistence, bladder retention, back pain, numbness and tingling in extremities.; Medications, physical therapy, 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
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/15/2019; There has been treatment or conservative therapy.; hyperreslexia; 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
	Apresial	72148 Magnetic resonance (eg, proton) imaging, spinal canal		1
Neurological Surgery	Approval	and contents, lumbar; without contrast material		

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patellar reflex 1+, ankle absent	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive straight leg raising test. bilateral hand, thigh, leg & arm numbness causing trouble with standing & sitting. patient has completed physical therapp with no improvement, chronic low back pain & thoracic pain; The patient does not have new signs wymptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness noted thorough out his bilaterally upper extremities; Denies any painful ROM In the right shoulder; Positive Phalen's on the right, negative tinel's ;; Tenderness in left SI and bursa; Reports painful ROM In the left hip; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have new signs or symptoms of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits; Lumbar laminotomy	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a neurological disorder.; History of lifelong scoliosis. Treatment for one year period for present condition. July 2018.; There has been treatment or conservative therapy.; history of bilateral low back and buttock pain which will extend into the anterior thighs bilaterally usually 1 to 2 times a week. She has been aware of having scoliosis for her entire life. She denies any numbness or tingling in the legs or feet. Patient; Physical Therapy, Chiropractic treatments & Denie of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Congenital Anomaly.; 07/10/2017; There has been treatment or conservative therapy.; follow-up regarding concern for tethered cord syndrome; Since the brace did not help his back pain in the x-rays show no change, I am increasingly concerned that the spondylolisthesis was not the cause of his back pain.; ASSESSMENT: Ethan Seagraves is a 15 y.o. 10 m.o. male who was seen today in the Spin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Decreased ROM, vertebral body pain, decreased pinprick and light touch, abnormal gait. Clinically presents with LSS and severe neurogenic claudication.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	decreased ROM, vertebral body pain; 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.; Right L5 radiculitis, with weakness, numbness, and tingling. Decreased ROM. Decreased light touch, decreased pinprick. Abnormal gait.; Reflexes Right: quadriceps 2/4, ankle jerk 2/4; Reflexes Left: quadriceps 2/4, ankle jerk 2/4; All Reflexes Right: quadriceps 2/4, ankle jerk 2/4; Reflexes Left:	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	fusion in 6/6/2018 for routine post op appointment. member has burning numbness in back of leg. Nerve study done but done in August. Physical therapy has been done, but is not helping the member; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	history of severe headaches. She states that her headaches are worse when she stands or does any type of strenuous physical activity. She states that her headaches sometimes last all day until she goes to sleep. She often wakes up with headaches. She; This study is being ordered for Congenital Anomaly.; 03/2018; There has been treatment or conservative therapy.; Chiari 1 malformation and syringomyelia; On 07/26/2018 she underwent a Chiari decompression with dural splitting. Due to thick fatty tissue, her incision healed very slowly. The new MRI demonstrated her syringomyelia improved significantly.;She has some back pain. The MRI of her lumbar spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	left lower s1 dermatomal distribution, hip pain and positive patriecks-need MRI for determination of return leg pain. Had back surgery 3 months ago-fusion.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. Patella reflexes are 3 plus on right side, reflexes slightly disc	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; 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
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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; HEP for 2 weeks, pt. stepped in a hole and had to discontue, condition seemed to worsen.; Tramadol, Medrol dose pack, Gabapentin, muscle spasm	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	numbness in bilateral feet with burning sensation as well. worse on the right. She also continues to have lot of pain in the low back. She has had 3 prior back surgeries but has not had a recent MRI.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Other chronic pain DefaultType M54.5 Low back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; It's on the rt and left patellar 1+left and right Achilles 0	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pain long time range of motion has decrease censer decrease; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pain, back popped after lifting boxes, headaches, joint swelling, meds offer little relief. Severe pain.; The study requested is a Lumbar Spine MRL; Acute or Chronic 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.; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient had lumbar surgery three months ago, and is c/o new and/or worsening symptoms. Patient has been treated with oral pain medication. Describes symptoms of recurrent HNP at L5 level.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient hasn't improved with physical therapy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; flexion was restricted to degrees, patient having difficulty walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	R/O CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	source of 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.; limping, pain down legs and feet; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	source of 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; tingling and weakness, pain, nunbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	status post cervical spine surgery and lumbar spine pain. Determine if further surgical intervention is necessary.; This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; neck pain, left arm numbness & amp; pain; Low back pain with leg pain; Surgery/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
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	4
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.	3

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Thoracic Spine: tenderness and decreased ROM. Lumbar Spine: decreased ROM.; This study is being ordered for a neurological disorder.; 06/30/2019; There has been treatment or conservative therapy.; Pain, weakness of extremities, numbness/tingling; IV steroid medication while inpatient, alternating heat and ice, NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Tingling, numbness and gait problem, + for arthralgias, CT- L2,3 compressing nerve roots.; The study requested 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 LLE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	weakness, numbness, previous fusion; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exaRight Posterior Tibial: Present.; Lumbosacral Spine: Surgical incision (Wellhealed scar in midline). Spinal alignment exhibits scoliosis (L2-14 left convexity). Pelvic tilt left-sidedown approximately 1/4 inch. Tenderness: level L5-S1, SI; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Plexopathy, lumbosacral; Look for R femoral nerve problems.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomylitis or tail bone pain or injury.	1
Neurological Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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; none; 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
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
Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Weakness noted to left deltoid and tricep 4/5; Weakness noted to left ADQMI and APB 4/5; Tenderness to palpation in the left occipital area, left side of the neck, left shoulder, left shoulder blade, and left AC joint; Muscle spasms noted in left side of; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; 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

Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a 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
Neurological Surgery	Disapprovar	70498 Computed tomographic angiography, neck, with contrast	readibling Services Deflied Not Medically Necessary	Seizures.	
		material(s), including noncontrast images, if performed, and			1
Neurological Surgery	Disapproval	image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	
Neurological Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	neck pain; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	37 year old woman with a 4 day history of an acute headache. She has no meningeal signs on exam. CT head imaging with signs of a chiari malformation; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; It is not known if there has been any treatment or conservative therapy.; none; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known If there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	PT; This study is being ordered for a neurological disorder.; 8/2018; There has been treatment or conservative therapy.; severe radiating pain from right scapula down to arm, numbness and tingling, new numbness and tingling in left hand. increased falls, right leg weakness, right sided lumbar pain radiaiting from leg down to ankle. PT; medication, steroid injections.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; History of lifelong scoliosis. Treatment for one year period for present condition. July 2018.; There has been treatment or conservative therapy.; history of bilateral low back and buttock pain which will extend into the anterior thighs bilaterally usually 1 to 2 times a week. She has been aware of having scoliosis for her entire life. She denies any numbness or tingling in the legs or feet. Patient; Physical Therapy, Chiropractic treatments & Damps; stem cell injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	PT; This study is being ordered for a neurological disorder.; 8/2018; There has been treatment or conservative therapy; severe radiating pain from right scapula down to arm, numbness and tingling, new numbness and tingling in left hand. increased falls, right leg weakness, right sided lumbar pain radiating from leg down to ankle. PT; medication, steroid injections,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	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	3
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	2
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness in UEX;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in neck and arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, 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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; 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
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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; 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
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 Congenital Anomaly.; 07/10/2017; There has been treatment or conservative therapy.; follow-up regarding concern for tethered cord syndrome; Since the brace did not help his back pain in the x-rays show no change, I am increasingly concerned that the spondylolisthesis was not the cause of his back pain.;;ASSESSMENT: ;Ethan Seagraves is a 15 y.o. 10 m.o. male who was seen today in the Spin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	A decision was made to proceed with further diagnostic testing and to order an MRI of the Cervical Spine due to neck pain and headaches; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pair; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	burning,nubmness, tingling in left hand and both legs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 5 years; There has been treatment or conservative therapy.; Back Pain, leg pain worse on the left leg with numbness.; Ice/Heat, chiropractor, muscle relaxers, 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

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Here for f/u p PT and NCV/EMG. Not doing any better. She has seen a chiropractor as recently as December 2018. She had an IM steroid injection approximately 6 months 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.; Chronic neck pain with mild degenerative changes noted on x-ray. Positive Tinel's affecting the right elbow. The infraclavicular areas reproduce paresthesia with deep palpation. Positive Adson's noted bilaterally; The patient presents with complaints of; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. I spoke with Mr, Light today who called in regard to reoccurring neck and right arm pain as of 5-6	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	weeks ago. He underwent a left approach C6/7 ACDF with Dr. Schlesinger on 12/17/2019 and was without right arm pain and "doing good" until the pain returned; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient is right-handed. She has also had increased in neck pain. She notes increased popping and sharp pains in her neck with tingling and pain in her bilateral arms. She also has radiation into her occiput causing occipital headaches.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pre op evaluation as ordering physician is a neuro surgeon; 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.; 45 y/o male complaining of neck pain. Is a 45-year-old male complaining severe neck pain that radiates down to the left arm. Stated the pain began after a long flight and he felt he just slept wrong. He then complained of pain in his arm around his elb	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is experiencing radicular pain, down to her fingers. She has tried PT and medications, which have not provided relief.; 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;: Patient with cervical spondylosis chronic symptoms; She has had appropriate non-surgical treatments including physical therapy oral steroids nonsteroidals without any; improvement we will order an MRI of the cervical spine and will follow up with her af	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	spinal cord stimulator, having the battery removed and replaced; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	to rule out central stenosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	will fax last 2 office notes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; worsening neck pain in last few months since surgery in dec 2018. lower back pain present for several years; There has been treatment or conservative therapy.; worsening neck pain and lower back pain; c spine surgery in dec 2018 and previous neck surgery for neck pain. no surgical procedures for lower back pain only treated with medications(NSAIDS); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder;; There has been treatment or conservative therapy.; hyperreflexia, Paresthisias; therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurological Surgery	Disapproval	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.; 07/10/2017; There has been treatment or conservative therapy.; follow-up regarding concern for tethered cord syndrome; Since the brace did not help his back pain in the x-rays show no change, I am increasingly concerned that the spondylolisthesis was not the cause of his back pain.;;ASSESSMENT: ¿Ethan Seagraves is a 15 y.o. 10 m.o. male who was seen today in the Spin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	burning,nubmness, tingling in left hand and both legs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 years; There has been treatment or conservative therapy.; Back Pain, leg pain worse on the left leg with numbness; Ice/Heat, chiorpractor, muscle relaxers, 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
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Other chronic pain DefaultType m54.41 Lumbago with sciatica, right side DefaultType m54.42 Lumbago with sciatica, left side; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2018; There has been treatment or conservative therapy; Other chronic pain DefaultType m54.41 Lumbago with sciatica, right side DefaultType m54.42 Lumbago with sciatica, left side; Meds and spinal cord simulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Thoracic Spine MRI was not performed within the past two weeks.	1
Neurological Surgery	Disapproval	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 not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		to rule out central stenosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy,	1
Neurological Surgery Neurological Surgery	Disapproval Disapproval	and contents, thoracic; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	EBCT, MRS, PET Scan, or Unlisted CT/MRI. 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.; Ieg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Neurological Surgery	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
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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurological Surgery	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.; DocumePatient reports pain radiating to the legs but reports lumbar. She reports pain level 10/10. She reports weak limbs, numbness of the legs/feet, and tingling but reports no fever, no incontinence, no shortness of breath, no unintentional weight loss.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is 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 "distitis".	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Acute Low Back Pain, involving the spine. The pain has been present for 12 weeks. The spine pain is aggravated by standing for prolonged periods and prolonged;sitting and associated with pain to the left hip and down to the knee. She has been treated wit; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		Other chronic pain DefaultType m54.41 Lumbago with sciatica, right side DefaultType m54.42 Lumbago with sciatica, left side; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2018; There has been treatment or conservative therapy.; Other chronic pain DefaultType m54.41 Lumbago with sciatica, right side DefaultType m54.42 Lumbago with sciatica, left side; Meds and spinal cord simulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1
Neurological Surgery Neurological Surgery	Disapproval Disapproval	and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Oncology Other chronic pain DefaultType M54.5 Low back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Other chronic pain DefaultType M54.5 Low back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	radiating 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
Neurological Surgery Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	nas not directed conservative treatment for the past 6 weeks. The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 therapp?	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months or had a spine injection	1
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	will fax last 2 office notes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; worsening neck pain in last few months since surgery in dec 2018. lower back pain present for several years; There has been treatment or conservative therapy.; worsening neck pain and lower back pain; c spine surgery in dec 2018 and previous neck surgery for neck pain. no surgical procedures for lower back pain only treated with medications(NSAIDS).; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		70450 Computed tomography, head or brain; without contrast		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	1
Neurology	Approval	material 70450 Computed tomography, head or brain; without contrast		have a Brain MRI for evaluation of these symptoms. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	1
Neurology	Approval	material 70450 Computed tomography, head or brain; without contrast		symptoms.; This study is being ordered for trauma or injury. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This	1
Neurology	Approval	material		study is being ordered for neurological deficits.	
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 trauma or injury.	1
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 2018; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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 Vascular Disease.; 01/16/2019; There has been treatment or conservative therapy.; Memory problems, headaches; Cholesterol lowering medications along with atorvastatin, donepezil and baby asprin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Namelani		70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and		Ver abic in a second for CT Assissander of the basis	1
Neurology	Approval	image postprocessing 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the brain. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease; 2018; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Medication;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Namelan		70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing.		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval Approval	image postprocessing 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.; 01/16/2019; There has been treatment or conservative therapy.; Memory problems, headaches; Cholesterol lowering medications along with atorvastatin, donepezil and baby asprin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		; This study is being ordered for a neurological disorder.; has been going on for many years but getting progressively worse.; There has been treatment or conservative therapy.; light sensitive to any lights, and migraines daily; he has made modifications in his lifestyle including covering up any offending light source in house, office or vehicle; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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			Enter answer here - or Type In Unknown If No Info Given. There is not an immediate family history	
			ciner answer neer - or type in forknown in No into order. There is not an immediate family insury of aneutysm; The patient does not have a known aneutysm; The patient has not had a recent MRI	
		70544 Magnetic resonance angiography, head; without contrast	or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a	1
Neurology	Approval	material(s)	request for a Brain MRA.	
			; There is not an immediate family history of aneurysm.; The patient does not have a known	
		70544 Magnetic resonance angiography, head; without contrast	aneurysm.; The patient has had a recent MRI or CT for these symptoms; There has not been a stroke	1
Neurology	Approval	material(s)	or TIA within the past two weeks.; This is a request for a Brain MRA.	
			; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative	
		70544 Magnetic resonance angiography, head; without contrast	therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	1
Neurology	Approval	material(s)	Surgery, Oncology, Surgical Oncology or Radiation Oncology	
,				
			patient has been having headaches since march of this year. they are daily and increasing; There is	
		70544 Magnetic resonance angiography, head; without contrast	not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within	1
Neurology	Approval	material(s)	patient has had a fecent wint or CT for trees symptoms; There has not been a stroke or TIA within the past two weeks; This is a request for a Brain MRA.	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70544 Magnetic resonance angiography, head; without contrast		
Neurology	Approval	material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
			This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The	
		70547 Magnetic resonance angiography, neck; without contrast	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)	1
Neurology	Approval	material(s)	artery surgery.	
		70551 Magnetic resonance (eg, proton) imaging, brain (including		4
Neurology	Approval	brain stem); without contrast material		4
			Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study	
			enter answer nere - or type in Unknown in No mio sivent. This request is for a brain inkit; the study is NOT being requested for evaluation of a headache; Not requested for evaluation of transmar/injury.	
			tumor, stroke/aneurysm, infection/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	1
			known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with	
No. of the		70551 Magnetic resonance (eg, proton) imaging, brain (including	results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital	
Neurology	Approval	brain stem); without contrast material	abnormality, loss of smell, hearing loss or vertigo. . Ms. Simpson is a 50 year old female with a history of headaches, neck pain, depression, anxiety,	
			PTSD, and carpal tunnel syndrome. She is here today for follow up. She is taking Topamax 100 mg	
			twice a day. She states she takes Fiorinal when they are mor; This request is for a Brain MRI; The	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including	study is being requested for evaluation of a headache.; The patient has a chronic or recurring	
Neurology	Approval	brain stem); without contrast material	headache.	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
rearology	прриота			
		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	1
Neurology	Approval	brain stem); without contrast material	patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	6
iveurology	Арргочаг	brain sterry, without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache; The	
		70551 Magnetic resonance (eg, proton) imaging, brain (including	patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within	1
Neurology	Approval	brain stem); without contrast material	the last 3 months) of neurologic symptoms.	
		70554 Managhia annana (an annana)	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
recurology	Approval	Statisticity, Without Contrast Huterial	; 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	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including	study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered	1
Neurology	Approval	brain stem); without contrast material	as a 12 month annual follow up.	
			; 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	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including	neurologic symptoms.; There has NOT been a recent assessment of the patient's visual acuity.; This	
Neurology	Approval	brain stem); without contrast material	study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	
		70EE1 Magnetic recognics (og proten) imaging busin (including	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This chulc he bring and each for Multiple Coloracie. This chulch is NOT being requested for a Value of the Coloracy and the Colo	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	1
	7.pp.0131		and the spy in a country of	
			; This study is being ordered for a neurological disorder,; ; There has been treatment or conservative	
		70774 14	therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
iveur 010gy	Approval	brain sterry, Without Contrast Material	Surgery, Oncology, Surgical Oncology of Natilation Oncology	

Neurology	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; has been going on for many years but getting progressively worse.; There has been treatment or conservative therapy.; light sensitive to any lights, and migraines daily, he has made modifications in his lifestyle including covering up any offending light source in house, office or vehicle; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1. RTC 6 WKS.;HPI: ;Constitutional: ;she was unable to tolerate the atenolol. It did not help her headaches and also made her very sluggish.swallowing;;Will do LOMN. I will also do an MRI of the brain given the fact that she has chronic headaches, sh; This request is for a Brain MRI; The study is being requested for evaluation of a headache; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	31 years old white female with history of migraines comes here for evaluation and treatment of migraines unaccompanied;,Around 8-9 months ago she started experiencing phantom cigarette smells even if nobody was smoking around her. It has happened 7-8 tim; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	38-year-old lady with a few different symptoms. She had one bad episode of severe vertigo. It was not movement induced. It was worse when her eyes were closed. She had a very severe headache around the same time. Frontal lobe but also parietal and oc; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	58-year-old gentleman with what may be migraine with acephalgia. Unfortunately most of the medicines I usually use for migraine management are contraindicated with. However we can check a Depakote and a lithium level and see if we have room to increase t; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	ABNORMABLEEG CONFUSION MEMORY PROBLEM. SHUNT ENCEPHALOMALACIA.; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	concerned regarding increased headaches over the past 3 weeks. He describes this as an increased pressure, worse with lying and bending forwa; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Eva Tancredi, a 50 y.oyear old F new patient to me and referred by Kari Lindsey NPT who presents for initial evaluation of headaches. She started experiencing migraines at the age of 15 which was when her menstruation started. She has a high pain tole; This request is for a Brain MRI; The study is being requested for evaluation of a headache; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	evaluation of a possible diagnosis of multiple sclerosis. She can remember about 10-11 years developed tingling/numbness sensation from the waist down for about 6 months, then it just went away. After the birth of her youngest daughter 4 years ago she dev; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	evaluation of headaches. She reports onset of headaches was approximately 2 years ago, but they have been increasing in intensity. She describes the headaches as being located in the frontal head region and throbbing in nature. They are associated with; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Headaches, unspecified type, may be actually neuropathic pain sensation She reports that the sensation is more of a stabbing or electrical type sensation buzzing through her head. This lasts only a second or 2, but is occurring multiple times per day. S; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Impaired cognition - scored 8/30 on MOCA. according to the family he has significant decline in cognition since hospital discharge.;Not clear if MOCA is accurate or anxiety / motivation played a role.;MRI Brain in 04/19 showed chronic small vessel chang; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Memory issues: Clinically, Mr. Bettis seems to sit around the level of a mild cognitive impairment (MCI). We will check some head imaging and recheck a few serologies to look for a possible reversible set of causes for his symptoms.;Left ulnar neuropat; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Ms Gomez is a pleasant 48 yo woman and she presented to the clinic for evaluation of headaches,;She is hispanic and family interpreted for her;Reports almost daily headaches since 02/19.;previously had headaches / migraines but not this frequent;Hea; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MS, 6 month follow-up with documented progression of disease 1/2019; This study is being ordered for Inflammatory/ Infectious Disease; 4/06/18; There has been treatment or conservative therapy.; MS, 6 month follow-up with documented progression of disease 1/2019; IV steroids, spinal tap,Copaxone,switched over to Tecfidera,switched over to Aubagio; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	New onset headaches with vision loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient had abnormal MRI in 2017 that revealed possible signs of multiple sclerosis. She is now experiencing lower extremity paresthesia, worse on the right than left.; 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 a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has experienced parasthesia and pain chronically. Symptoms affect upper and lower extremities as well as head and face. She reports these symptoms continue to worsen. This test is to rule out any structural abnormality.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has migraine that is not responsive to treatment and is worsening as well as she has history of chiari malformation by 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient has new gait disorder, urinary incontinence, and cognitive decline . patient has fallen multiple times in the last 2 weeks; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is an elderly right-handed woman presents to clinic today accompanied by her daughter. She is been having some issues with forgetfulness for a couple of years now but over the last several months is been off marked change. She is much more forge; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient with new onset facial numbness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient with worsening headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt has noted problems with short term memory but not long term. Has noted he used to be a quiet person but not now-talks all the time, and his sig. Other now has to pay bills, difficulty balancing check book, difficulty with writing and comprehension. Needs; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt reports the headaches started January 2017. She states the pain is on the top of her head, right lower jaw, radiates down her right shoulder to her right hand and right hip. She states the pain in her right jaw is aggravating by eating and talking. The; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Saray is a 15yo girl followed in headache clinic. On MRI for chronic headache, there was an abnormality found incidentally. Based on the location and appearance, it is likely a tectal glioma. There is no sign of increased intracranial pressure, or othe; 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Seizure disorder, recent hospitalization for seizure activity. no seizure since discharge. normal neuro exam.still on Tramadol and discussed it can reduce seizure threshold. wants to try Lyrica. GBP did not help in the past. advised to start taking 75 mg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	SEVERE HEADACHES WITH THROBBING COMPONENT WHICH IS BECOMING INCREASINGLY SEVERE AS OF LATE. ASSOCIATED WITH IRRITABILITY TO BRIGHT LIGHTS AND LOUD SOUNDS. HEADACHE PAIN IS TYPICALLY THROBBING QUALITY AND BITEMPORAL IN LOCATION. OCCASIONAL NAUSEA IN ASSOC; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	SHE IS A MS PT THAT IS HAVING UNSTEADY GAIT, ALSO HAVING NAUSEA ALSO LOSS OF TASTE; This study is being ordered for a neurological disorder.; FOR MS 02/2019; FOR THIS INSTEADY GAIT, W NAUSEA, LOSS OF TASTE X 1 WEEK; There has been treatment or conservative therapy.; gait imbalance / loss of taste sensation and nausea in the last week.; STARTED ON PREDNISONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She is currently on Zonegran 150 mg twice a day. She states her headaches were well controlled on this dose of medications but lately she has been having migraines about once a week. Now her migraines are on the right side. Previously they were always a p; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She reports chronic daily headaches for several months, particularly since March. She has involved symptoms of L sided ptosis, L facial tightness, L arm and leg weakness. When she has these associated symptoms they usually last for most of the day. Her; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She reports that she was seeing a neurologist for ablation of tremors when they performed an MRI of the brain found "a mass with lesions coming off of it" which was very concerning for her.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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
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.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	10

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.	3
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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.	1
Neurology	Арргочаг	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.;	2
Neurology	Approval	brain stem); without contrast material	Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	
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.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is being ordered as a 12 month annual follow up.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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).	7
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	6
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This	5
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	study is being requested for a brain wint; the study is NOT being requested for evaluation of a headache.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This	5
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	2
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.; This is a new patient.	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	30

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Transient cerebral ischemia - Possible TIA.; will do an MRI Brain and also carotid duplex to further evaluate; stroke education and risk factor modification d/w pt.; Neurologic: weakness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Yearly follow up for hydrocephalus.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; There is a reason why the patient cannot have a Cervical Spine MRI.	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		1
Neurology	Approval	and contents, cervical; without contrast material		
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This 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
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; the emg shows I abd sig min had abnormal MUP waveforms, abnormal interference pattern	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; no improvement in the past 6 wks after doing the pt exercises, she has numbness and tingling in both hands, nerve conduction test was normal; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology Agrorod Agro					
Neurolay Approal Ap	Neurology	Approval		no cough, no myalgias, no nausea, no sore throat and no weakness Emesis Associated symptoms: headaches Associated symptoms: no abdominal pain, no arthralgias, no; This study is being ordered for trauma or injury; more than 3 months; There has been treatment or conservative therapy.; Spinal cord disease Chronic Neck pain Back Pain Headache Dizziness Nausea vomiting; Back injection Medications 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	1
Novamber Approval	Neurology	Approval		Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; persistant decreased fine motor on the left, generalized left weakness, left foot tingling; The patient does not have new signs or symptoms of bladder or bowel	1
blood sets. She also had an utrasound done on he get that a loc came back reget time. She say she feels like the is strong on conscis. She does not not not. She does not not not. She for some to the in. This is a request for crivical gine MRIT. There is no laboratory or any eledence of observability. Shown or supported Multiple Sciencis, Infection or advices, there is not laboratory or any eledence of managers, there is not laboratory or any eledence of managers. There is not laboratory or any eledence of managers, there is not laboratory or any eledence of managers. The same is not laboratory or any eledence of managers, there is not laboratory or any eledence of managers. There is not laboratory or any eledence of managers and the same is an increased of the same in the same is not laboratory or any eledence of managers. The same is the same is not laboratory or any eledence of managers and managers. The same is the same is the decision of the same is the same is the decision. The same is the decision of the same is the same is the decision of the same is the same is the same is the decision. The same is the same is the decision of the same is the sa	Neurology	Approval		for Inflammatory/ Infectious Disease.; 4/06/18; There has been treatment or conservative therapy.; MS, 6 month follow-up with documented progression of disease 1/2019; IV steroids, spinal tap, Copaxone, switched over to Tecfidera , switched over to Aubagio ,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	1
neurology Approval Approval and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cenvi	Neurology	Approval		blood test. She also had an ultrasound done on her gut that also came back negative. She says she feels like she is sitting on rocks. She does not notice h; 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 meningitis.	1
study is being ordered for a neurological disorder, FROR MS 02/2019/FROR THIS INTEADY GATT, W NAUSEA, LOSS OF TASTE XT LEVEK, There has been treatment or conservative therapy; gait imbalance / loss of taste sensation and nausea in the last week. STARTED ON PREDNISONE; one of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, RECT, MRS, PET San, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncology is Thoracic Surgery, Oncology, Surgical Concelagy or Radiation Oncology. Neurology Approval and contents, cervical, without contrast material Petrology Approval Approval Appr	Neurology		72141 Magnetic resonance (eg, proton) imaging, spinal canal	patient had mouthing reducing ankle jerks , lol of sensation .; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the	1
72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material of bladder or bowel dysfunction. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does nave new signs or ymptoms. The patient does nave new or changing neurologic signs or symptoms. The patient does not have new signs or ymptoms. The patient does not have new signs or ymptoms of bladder or bowel dysfunction. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does nave new or changing neurologic signs or symptoms. The patient does nave new signs or ymptoms of bladder or bowel dysfunction. There is x-ray evidence of a recent cervical spine has nave new or changing neurologic signs or symptoms; The patient does not have new or changing neurologic signs or symptoms; The patient does not have new or changing neurologic signs or symptoms; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks. The patient has seen the doctor more then once for these symptoms; The patient has had back pain for over 4 weeks. The patient has seen the doctor more then once for these symptoms; The patient has seen the doctor more then once for these symptoms; The patient has seen the doctor more then once for these symptoms; The patient has seen the doctor more then once for these symptoms; The patient has seen the doctor more then once for these symptoms; The patient has seen the doctor more then once for these symptoms; The patient has seen the doctor more then once for these symptoms; The patient has seen the doctor more then once for these symptoms; The patient does weeks; The patient does weeks; The patient does weeks of the services of the seeks; The patient does have new signs or symptoms of bladder or bowel and contents, cervical; without contrast material and contents, cervical; without contrast material and contents, cervical; without contrast material and contents, cer	Neurology	Approval		study is being ordered for a neurological disorder.; FOR MS 02/2019; FOR THIS INSTEADY GAIT, W NAUSEA, LOSS OF TASTE X1 WEEK; There has been treatment or conservative therapy; gait imbalance / loss of taste sensation and nausea in the last week.; STARTED ON PREDNISONE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology Approval and contents, cervical; without contrast material survivology signs or symptoms, The patient does not have new signs or symptoms of bladder or bowel 2	Neurology	Approval		have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
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 5 72141 Magnetic resonance (eg, proton) imaging, spinal canal directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? Approval and contents, cervical; without contrast material physical therapy? Approval Approval and contents, cervical; without contrast material physical therapy? Approval and contents, cervical; without contrast material physican an oncologist, neurologist, neurosurgeon, or	Neurology	Approval		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	1
This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; 72141 Magnetic resonance (eg, proton) imaging, spinal canal Neurology Approval App	Neurology		72141 Magnetic resonance (eg, proton) imaging, spinal canal	not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	5
osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discisits". Neurology Approval and contents, cervical; without contrast material arthritis, or "discisits". 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 2	Neurology		72141 Magnetic resonance (eg, proton) imaging, spinal canal	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
This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing 72141 Magnetic resonance (eg, proton) imaging, spinal canal neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel 2	Neurology	Approval		osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of an infected disc, septic	1
	Neurology		72141 Magnetic resonance (eg, proton) imaging, spinal canal	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	2

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	2
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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
iveurology	Approvai	72141 Magnetic resonance (eg, proton) imaging, spinal canal	This is a request for cervical spine MRI; There is aboratory or x-ray evidence of osteomyelitis.;	
Neurology	Approval	and contents, cervical; without contrast material	Known or Suspected Multiple Sclerosis, Infection or abscess	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal	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 laboratory or x-ray evidence of an infected disc, septic arthritis, or	1
Neurology	Approval	and contents, cervical; without contrast material	"discitis".	
Name la en	A	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 None of the above; None of the above describes the reason for requesting this procedure.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal	None of the above describes the reason for requesting this procedure. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	
Neurology	Approval	and contents, thoracic; without contrast material	Unlisted CT/MRI.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	For: For Radiculopathy, lumbar region (M54.16), Cervicalgia (M54.2), Dorsalgia, unspecified (M54.9), Pain in thoracic spine (M54.6) and Other abnormalities of gait and mobility (R26.89);;5he continues to have significant leg pain, left is worse than righ; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; loss of reflex in It achilles; There is recent evidence of a thoracic spine fracture.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Headache Associated symptoms: dizziness and vomiting Associated symptoms: no abdominal pain, no cough, no myalgias, no nausea, no sore throat and no weakness Emesis Associated symptoms: headaches Associated symptoms: no abdominal pain, no arthralgias, no; This study is being ordered for trauma or injury.; more than 3 months; There has been treatment or conservative therapy.; Spinal cord disease Chronic Neck pain Back Pain Headache Dizziness Nausea vomiting; Back injection Medications 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
Neurology	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
Neurology	Арргочаг	72146 Magnetic resonance (eg, proton) imaging, spinal canal	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or	1
Neurology	Approval	and contents, thoracic; without contrast material	changing neurologic signs or symptoms.; The patient does have a new foot drop.	
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;;	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	complaining of left leg pain. He is unable to walk more than half a mile and he has to sit down due to leg pain. He says the pain shoots down from his lower back.; 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 leg pain. Likely from lumbosacral radiculopathy.balance or falls and weakness, numbness, tingling,; The patient does not have new signs or symptoms of bladder or bowel dysfunction;; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Diminished sensation to light touch and temperature in the left side of the body; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Numbness and tingling in her entire bilateral lower extremities that she states is present the majority of the time. Reports weakness in her lower extremities and states that she frequently falls. She feels unsteady all of the time. She will get occasion; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt has chronic low back pain that radiates down both legs; left more so than right; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	See additional attached clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Seizure disorder, recent hospitalization for seizure activity. no seizure since discharge. normal neuro exam.still on Tramadol and discussed it can reduce seizure threshold. wants to try Lyrica. GBP did not help in the past. advised to start taking 75 mg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

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securing variety processing and process of the proc	Neurology	Approval			of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is x-ray	1
Agronal Countries Agronal Count	Neurology	Approval				2
weer observations of the protection of the prote	Neurology	Approval			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
Approval Approv	Neurology	Approval			new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	1
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symptoms. This study is being ordered for follow up. Fromom Tumor with or without metastatis. The patient has been seen by or it for dering physics and concrete, lumbary without contrast material control or exchange of the patient has been seen by or it to define physics and concrete, lumbary, without contrast material control or exchange of the patient has been seen by or it to define physics and concrete, lumbary, without contrast material control or exchange of the patient has seen and post of the patient has a request for an echocarding ann. The register disply is 3 bloom, or developed for 3 blooder plan. There is a singleton of exchange of the patient has a request for an echocarding ann. This is requested for a footbeen plan, there is a southern of an ordinary or the factor. This duty is being ordered for revolution of abnormal symptoms, physical exam finding, or displayed the patient of the patient has a southern of a southern of the patient of the patient has a southern of the patient of the patient has a southern of the patient of	Neurology	Approval			changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or	1
Reurology Aptroval Page and the process of the proc	Neurology	Approval			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	1
Neurology Approval upper extremity; without contrast material(s) Enter answer here - or Type in Unknown if No Info Given. This a request for a Transbroacic Educardiogram; This is a request for a Transbroacic Educardiogram; This is using ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (cleat x vey or EK) indicative of heat desired. This is a request for a Contraction of abnormal symptoms, physical exam findings, or diagnostic studies (cleat x vey or EK) indicative of heat desired. This is a request for a Contraction of abnormal symptoms, physical exam findings, or diagnostic studies (cleat x vey or EK) indicative of heat desired or a studies (cleat x vey or EK) indicative of heat desired or a studies (cleat x vey or EK) indicative of heat desired or a contraction of abnormal symptoms, physical exam findings, or diagnostic studies (cleat x vey or EK) indicative of heat desired or a contraction of abnormal symptoms, physical exam findings, or diagnostic studies (cleat x vey or EK) indicative of heat desired or a contraction of abnormal symptoms, physical exam findings, or diagnostic studies (cleat x vey or EK) indicative of heat desired or a contraction of abnormal symptoms, physical exam findings, or diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x vey or EK) indicative of heat diagnostic studies (cleat x ve	1101057	приста	and contents, famour, without contrast material			
Enter answer here - or Type in Unknown if No info Given. This a request for an echocardiogram; This is a request for a Transhoract Edocardiogram, This study is being ordered for auditor of about mentation (2D), includes. M-mode recording, when performed, complete, without spectral or color Doppler echocardiogram), transhoracic, real-time with image documentation (2D), includes. M-mode recording, when performed, complete, without spectral or color Doppler echocardiogram). This is a request for an enhocardiogram, This is a request for an enhocardiogram, This is a request for an enhocardiogram, This is a request for a Transhbrack Edocardiogram, This study is being ordered for auditor of abnormal symptoms, physical exam findings, or disposite studies (best x-xy or EXG) indicative of heart disease, This is the patient has shortness of breath is not related to a not of the realistic ordination. This a request for an enhocardiogram, This is a request for a Transhbrack Edocardiogram, This study is being ordered for auditor of abnormal symptoms, physical exam findings, or disposite studies (best x-xy or EXG) indicative of heart disease, The patient has shortness of breath; shortness of breath is not related to any of the listed evidative of heart disease, The patient has shortness of breath; shortness of breath is not related to any of the listed evidative of heart disease, The patient has shortness of breath; shortness of breath is not related to any of the listed evidative of heart disease. This is a request for a Transhbrack Edocardiogram, This study is being ordered for another reson; This study is b	Neurology	Approval				1
study is being ordered for another reason. This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or disposits cludies (cheet x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or disposits cludies (cheet x-ray or EKG) indicative of heart disease. The patient has shortness of breath, Shortness of br	Neurology	Approval	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained	1
study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. This study is being requested for performed, complete, without spectral or color Doppler echocardiography. It is an anonymal EKG addition of frequent or sustained atrial or ventricular cardiac arrhythmias; The patient has an abnormal EKG addition of frequent or sustained atrial or ventricular cardiac arrhythmias; The patient has an abnormal EKG addition of frequent or sustained atrial or ventricular cardiac arrhythmias; The patient has an abnormal EKG addition of frequent or sustained atrial or ventricular cardiac arrhythmias; The patient has an abnormal EKG addition of frequent or sustained atrial or ventricular cardiac arrhythmias; The patient has an abnormal EKG addition of frequent or sustained atrial or ventricular cardiac arrhythmias; The patient has an abnormal EKG addition of a performed, complete, without spectral or color Doppler study is being requested for evaluation of Cardiac Embolism. 70450 Computed tomography, head or brain; without contrast material 8256 yo woman presents with chronic migraine; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache; The headache is described as chronic or numbness.; Ms. Williams is accompanied today by her mother (Linda). The patient reports that in February she was having a "pouring sound" behind the right; 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. 826 You woman presents with chronic migraine; This is a reque	Neurology	Approval	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		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	1
documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 80450 Computed tomography, head or brain; without contrast material 805 ye woman presents with chronic migraine; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. 805 ye woman presents with chronic migraine; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. 805 ye woman presents with chronic migraine; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. 807 yeurology 807 yeurology 807 yeurology 808 yeurology 808 yeurology 809 yeurology	Neurology	Approval	documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient	1
70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary Disapproval Additional prevention of a headache; The headache is described as chronic or recurring. Additional prevention of a headache; The headache is described as chronic or recurring. Tourish the request of Dr. Lewis for evaluation of a headache; The headache is described as chronic or recurring. Tourish the request of Dr. Lewis for evaluation of a headache; The headache is described as chronic or recurring. Tourish the request of Dr. Lewis for evaluation of a headache; The headache is described as chronic or recurring. The study is being requested for evaluation of a headache; The headache is described as chronic or recurring. The study is being requested for evaluation of a headache; The headache is described as chronic or recurring. The study is being requested for evaluation of a headache; The headache is described as chronic or recurring. The study is being requested for evaluation of a headache; The headache is described as chronic or recurring. The study is being requested for evaluation of a headache; The headache is described as chronic or recurring. The study is being requested for evaluation of a headache; The headache with visual changes Patient does have seizures diagnosis; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache; The the study is being requested for evaluation of a headache; The the study is being requested for evaluation of a headache; The the study is being requested for evaluation of a headache; The the study is being requested for evaluation of a headache; The the study is being requested for evaluation of a headache; The the study is being requested for evaluation of a headache; The study is being requested for evaluation of a headache; The study is being requested for evaluation of a headache; The study is being requested for evaluation of a headache; The study is being requested for evaluation of a he			documentation (2D), includes M-mode recording, when			1
Neurology Disapproval material Radiology Services Denied Not Medically Necessary being requested for evaluation of a headache.; The headache is described as chronic or recurring. his is a 51 year old white female seen and examined at the request of Dr. Lewis for evaluation of numbness.;; Ms. Williams is accompanied today by her mother (Linda). The patient reports that in February she was having a "pouring sound" behind the right; This is a request for a brain/head CT.; 1 The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. Radiology Services Denied Not Medically Necessary recurring. Radiology Services Denied Not Medically Necessary recurring. Patient having daily severe headache with visual changes Patient does have seizures diagnosis; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The 1	Neurology	Approval	performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Cardiac Embolism.	
numbness.;;Ms. Williams is accompanied today by her mother (Linda). The patient reports that in February she was having a "pouring sound" behind the right; This is a request for a brain/head CT.; 70450 Computed tomography, head or brain; without contrast Neurology Disapproval material Radiology Services Denied Not Medically Necessary Patient having daily severe headache with visual changes Patient does have seizures diagnosis; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The 1	Neurology	Disapproval		Radiology Services Denied Not Medically Necessary		1
Patient having daily severe headache with visual changes Patient does have seizures diagnosis; This 70450 Computed tomography, head or brain; without contrast is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The 1	Neurology	Disappra		Dadiology Control David Not Mad Visite Name	numbness.;;Ms. Williams is accompanied today by her mother (Linda). The patient reports that in February she was having a "pouring sound" behind the right; 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	1
Neurology Disapproval material Radiology Services Denied Not Medically Necessary headache is described as chronic or recurring.			70450 Computed tomography, head or brain; without contrast		Patient having daily severe headache with visual changes Patient does have seizures diagnosis; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The	
	Neurology	Disapproval	material	Radiology Services Denied Not Medically Necessary	headache is described as chronic or recurring.	

Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been having episodes where she is blacking out, stumbling and having memory loss. Spoke with Dr. Krishna and he wants to order MRI and EEG. Pt has pacemaker that is not compatible with MRI, so will order CT instead.; 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
	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	
Disapproval	material	Radiology Services Denied Not Medically Necessary	I have requested this test.	1
Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	5
Disapproval	material(s), including noncontrast images, if performed, and		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and		Vas this is a request for CT Angingraphy of the Neck	2
Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; has been going on for many years but getting progressively worse.; There has been treatment or conservative therapy.; light sensitive to any lights, and migraines daily; he has made modifications in his lifestyle including covering up any offending light source in house, office or vehicle; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; SEIZURES, HEADACHES, AND EPILEPSY, TEMPORAL SCLEROSIS; MEDICATION, NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient is a 41 yr old female with PMHx of Bipolar, Hep C cirrhosis among others presented with complains including memory issues since past year, episodes of slurring of speech and falls. Details as above. Exam stable. Etiology unclear at this time and w; This study is being ordered for a neurological disorder.; September 2018; There has been treatment or conservative therapy.; Slurred speech, memory loss and falls; medications and exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)		She is averaging extended. This is a woman who has been on numerous medications in the past without significant benefit. Has been came with her today to the office visit indicated he was concerned about her headache frequency and felt that she may benef; This study is being ordered for a neurological disorder; 05/17/2019; There has been treatment or conservative therapy.; He was initially started she went from 25 migraine days a month down to 1. After about a month headach frequency has escalated and she stopped the medication indicating it was not effective for her.; Aimovig, Topamax 100 mg twice a day and uses Maxalt for acute 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
Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient is a 41 yr old female with PMHx of Bipolar, Hep C cirrhosis among others presented with complains including memory issues since past year, episodes of slurring of speech and falls. Details as above. Exam stable. Etiology unclear at this time and w; This study is being ordered for a neurological disorder.; September 2018; There has been treatment or conservative therapy.; Slurred speech, memory loss and falls.; medications and exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	Disapproval Tots Computed tomography, head or brain; without contrast material Tots Computed tomography and professional professional processing Tots Computed tomographic angiography, head, with contrast material (s), including noncontrast images, if performed, and image postprocessing Tots Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing Tots Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing Tots Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing Tots Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing Tots Adagnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) Tots Adagnetic resonance angiography, head; without contrast material(s)	Disapproval material Disapproval Disappro	Auth De script contract from the contract from the contract of the American Script from the contract of the American Script from the Contract of the Contract

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3 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 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder; 8/5/2019; There has not been any treatment or conservative therapy.; Migranes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including		; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The	6
Neurology	Disapproval	brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient has a chronic or recurring headache.	0
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	3
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3 Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.; SEIZURES, HEADACHES, AND EPILEPSY, TEMPORAL SCLEROSIS; MEDICATION, NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3 Radiology Services Denied Not Medically Necessary	21-year-old lady presents with syncope. The symptoms have been present since 2016. She was worked up by UAMS neurology as well as a local cardiologist. Episodes never stopped. Continued to occur every 1-3 weeks. However they have been daily over the; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	decreased to vibration in the left upper and lower extremity but symmetric pin prick. No pain with GON palpation.; This study is being ordered for a neurological disorder.; no exact time given but symptoms have been present for several months; There has been treatment or conservative therapy.; numbness is actually being in the left posterior area. Lasts at least 10 minutes. occurs suddenly. Some tingling but mostly just feels numb. Sometimes pain in the same area though she could not tell me if it was happening at the same time. No triggers; patient was seen by primary care and then sent to 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
incui ology	ызарргота	70551 Magnetic resonance (eg, proton) imaging, brain (including		essential tremor; 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	1
Neurology	Disapproval Disapproval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	this study is being ordered. Evaluation for 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; 12/2017; There has not been any treatment or conservative therapy.; Radiating neck pain, blurry 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
		70551 Magnetic resonance (eg, proton) imaging, brain (including		H/o intermittent Ptosis and Diplopia: etiology unclear. Myasthenia gravis in d/d but Acetylcholine receptor antibody panel negative. Will need Neurophthalmology eval which is currently pending. Need MRI Orbit to r/o demyelinating lesions.; This request is for a Brain MRI; The study is being	1
Neurology	Disapproval	brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	requested for evaluation of a headache.; The patient has a chronic or recurring headache.	

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	He has intense tingling and burning pain in both of his thighs particularly his right groin both legs and his legs feel like they are going to give way on him if he is standing up.; This study is being ordered for a neurological disorder.; relapse of ms 09/10/2019; There has been treatment or conservative therapy.; severe burning, tingling, pain, and weakness in both of his legs.; treated with steroids prior to this episode; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Headaches: YES;Blackouts: YES;Memory Loss: YES;Loss of Vision: YES;Double Vision: YES;Dizziness: YES;Ringing in Ears: YES;Change in Speech: NO;Swallowing: NO;Weakness: YES;Numbness: YES;Trouble Talking: YES; This 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
		70551 Magnetic resonance (eg, proton) imaging, brain (including		Memory impairment - On MoCA she scored 25/30.She lost 3 points in delayed recall.;; I will obtain MRI brain and neuropsychological testing.; 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	1
Neurology	Disapproval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	vertigo; It is unknown why this study is being ordered. MIGRAINE HEADACHES, HAS TRIED EXCEDRIN, IBUPROFEN WO RELIEF, HAS A HX OF MIGRAINES. HAS INCREASED FREQUENCY OF HEADACHES, NO CLEAR TRIGGERS, HAS BLOODY LEFT EVE SOMETIMES WITH FLOATERS, HAS BEEN SEEN IN ER FOR THESAE HA. HAS LEFT SIDED NUMBNESS AND SLURRE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Patient has approximately 15 headache 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		patient has parasthesia of skin, bilateral upper extremities. EMG study performed only showed moderate CTS on the Left.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is a 41 yr old female with PMHx of Bipolar, Hep C cirrhosis among others presented with complains including memory issues since past year, episodes of slurring of speech and falls. Details as above. Exam stable. Etiology unclear at this time and w; This study is being ordered for a neurological disorder.; September 2018; There has been treatment or conservative therapy.; Slurred speech, memory loss and falls.; medications and exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		PROGRESSIVE MEMORY LOSS, CONSIDER DEMENTING ILLINESS LIKE EARLY ALZHEIMER'S , CONSIDER NORMAL AGING COMBINED WITH HER GRAVES' DISEASE AND HISTORY OF DRINKING. Get lost driving, goes to old house, rather than where lives now, 1 year ago moved. Worse c stress, sle; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	pt had med.history memory loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	She had one bad episode of severe vertigo. It was not movement induced. It was worse when her eyes were closed. She had a very severe headache around the same time. Frontal lobe but also parietal and occipital on the left. she feels like her legs are; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache;; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	She is averaging extended. This is a woman who has been on numerous medications in the past without significant benefit. Has been came with her today to the office visit indicated he was concerned about her headache frequency and felt that she may benef; This study is being ordered for a neurological disorder; 05/17/2019; There has been treatment or conservative therapy; He was initially started she went from 25 migraine days a month down to 1. After about a month headache frequency has escalated and she stopped the medication indicating it was not effective for her.; Aimovig, Topamax 100 mg twice a day and uses Maxalt for acute headaches; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	She states she has had headaches for the last year or so. They cause pain to the left side of the head that goes down into her ear. She describes the pain as squeezing. She also has blurred vision and eye redness with headaches. She denies neck pain. She; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The patient is having alot of numbness and the Dr. is wanting the MRI to further evaluate a small thalamic or brainstem lacune which could be causing her 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
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Neurology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without	Radiology Services Denied Not Medically Necessary	This is a request for a chest MRI.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder; 8/5/2019; There has not been any treatment or conservative therapy.; Migranes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval Disapproval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	or instead (7)/mil. ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical 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 located in neck and over R SIJ; neck pain radiates down RUE to hand with worsening 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
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 not have new or changing neurologic signs 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
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 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.; Cross adductor reflex is present in BLE;Jaw jerk present, but not hyperactive	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck pain that radiates into arm and leg numbness, pt has failed PT; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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.; unsteady gait; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	38 year old man with chronic neck and back pain with radiation into his arms and legs. He reports requiring a wheelchair due to his pain. His insurance has still not approved imaging. He has tried therapy previously and was unable to tolerate it due to pa; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	decreased to vibration in the left upper and lower extremity but symmetric pin prick. No pain with GON palpation.; This study is being ordered for a neurological disorder.; no exact time given but symptoms have been present for several months; There has been treatment or conservative therapy.; numbness is actually being in the left posterior area. Lasts at least 10 minutes. occurs suddenly. Some tingling but mostly just feels numb. Sometimes pain in the same area though she could not tell me if it was happening at the same time. No triggers; patient was seen by primary care and then sent to 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	degenerative disc disease with neck pain and bilateral pain and numbness in shoulder, arms and hands. review for injections and possible surgery evaluation; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral shoulder, elbow and hand weakness with burning pain in the arms and hands; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Disease of spinal cord; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Elizabeth Rice is a 57 y.o. right handed woman that presents to the neurology clinic for evaluation of a possible diagnosis of multiple sclerosis. History of optic neuritis in 1996, again a couple of years later. She was working in home health as a nurse; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation for 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; 12/2017; There has not been any treatment or conservative therapy; Radiating neck pain, blurry vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	He has intense tingling and burning pain in both of his thighs particularly his right groin both legs and his legs feel like they are going to give way on him if he is standing up.; This study is being ordered for a neurological disorder.; relapse of ms 09/10/2019; There has been treatment or conservative therapy.; severe burning, tingling, pain, and weakness in both of his legs.; treated with steroids prior to this episode; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Headache; Associated symptoms: dizziness and vomiting ; Associated symptoms: no abdominal pain, no cough, no myalgias, no nausea, no sore throat and no weakness ; Emesis; Associated symptoms: headaches; Associated symptoms: no abdominal pain, no art; This study is being ordered for trauma or injury; more than 3 months; There has been treatment or conservative therapy.; Spinal cord disease; Chronic Neck pain; Back Pain; Headache; Dizziness; Nausea; vomiting; Back injection; Medications 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

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Her neck pain stated then and then 2 days later she started having dizziness while she was sitting down, so she went to have a CT brain done at Baptist. Her sharp, shooting neck pain radiates up the left side of her head, behind her ear, and then towards; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MIGRAINE HEADACHES, HAS TRIED EXCEDRIN, IBUPROFEN WO RELIEF, HAS A HX OF MIGRAINES. HAS INCREASED FREQUENCY OF HEADACHES, NO CLEAR TRIEGERS, HAS BLOODY LEFT EYE SOMETIMES WITH FLOATERS, HAS BEEN SEEN IN ER FOR THESAE HA. HAS LEFT SIDED NUMBNESS AND SLURRE; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Fowler is a 57-year-old right-handed gentleman who presents for neurologic evaluation of neck pain. We have discussed low back in the past, but he would like to redirect focus to his cervical spine. He describes a deep aching neck pain with concurren; 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.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI brain and cervical spine to assess disease burden.; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	MRI of the cervical spine ordered due to left arm numbness; 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 numbness involves the entire arm from the shoulder down to the fingers;1+ and symmetric throughout; MRI of the cervical spine ordered due to left arm numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
·		72141 Magnetic resonance (eg, proton) imaging, spinal canal		Neck pain with left upper extremity pain and paresthesias indicative of C6/7 radiculopathies. Patient has had physical therapy in the past.; No injections. Nonsurgical management has included physical therapy and neuropathic pain medication gabapentin 120; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Describes pain that radiates into the inner portion of the left shoulder blade. Describes subjective weakness.; The patient does not have new signs or symptoms	1
Neurology	Disapproval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	Radiology Services Denied Not Medically Necessary	of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. NECK PAINR SHOULDER PAIN WORSE - RADIATE DOWN R ARMABNORMAL X-RAY; 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 - R ARM WEAKNESS R-ARMBI-CEPT WEAKNESSPT - NO RELIEF INJECTION - NO RELIEF; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	neck pain, weakness, hand atrophy. To rule out stenosis 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
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	No info.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is experiencing hyperreflexia, right sided numbness and weakness. More frequent falls and neck pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 07/11/2019; There has been treatment or conservative therapy.; neck and back pain; PT, home exercises, pain med; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI,; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Neurology	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 BOTH HANDS, EMG/NCV-NORMAL; HAND BRACES DIDN'T HELP, REFER TO ORTHOPEDIC HAND SPECIALIST IF MRI IS NORMAL. ROLLING HER HEAD AROUND ALSO HELPS HER HAND NUMBNESS. HAND NUMBNESS IS FAIRLY TYPICAL FOR CARPAL TUNNEL. IT AWAKENED HER A; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	numbness between shoulder blades and 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had an abnormal neurological exam and also has abnormal findings on diagnostic imaging of the skull and head and we want to further eval and treat for possible MS; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has a snapping noise in her head everytime she turns to her left.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been doing at home exercises and on Nsaids.;;Medications;;losartan 50 mg tablet;take 2 tablet by oral route every day;topiramate 25 mg tablet;take 1 (25MG) by oral route 2 times per day;zafirlukast 20 mg tablet;take 1 tablet by oral; This study is being ordered for a neurological disorder.; For: For Other abnormalities of gait and mobility (R26.89), Cervical Spinal Stenosis (M48.02), Pain in left arm (M79.602), Pain in right arm (M79.601), Radiculopathy, lumbar region (M54.16) and Other disturbances of skin sensation (R20.8);;;) am concern; It is not known if there has been any treatment or conservative therapy.; Mrs Poyner is a 57yo RH lady who presents for follow up of neck and back pain, also having new issue of thoracic pain. She was last seen in December 2018, and she has not been able to follow-up as her husband was hospitalized for several months with what; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologis, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has chronic neck and shoulder pain which causes muscle spasms limiting her ability to raise her left arm.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	previous abnormal imaging; This study is being ordered for a neurological disorder.; painful numbness in toes since late 20s.; There has been treatment or conservative therapy.; She feels like she is walking on glass or tacks. Has worsened over time. She reports she has left leg charlie horses. fingers go numb if she holds her arm a certain way. Feels like all 5 fingers go numb; patient has been on medication, had previous abnormal imaging.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She has pain in her neck in the occipital head region and she feels as though her neck is tired and heavy. She denies significant numbness or tingling in the extremities.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She reports numbness in her right hand to her elbow and somewhat similar sx on the left UE too. She has weakness in both hands and grips; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She has weakness in both hands and grips.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

				Character did have a saised a ferroral and a second and a	
				She says she did have an episode a few weeks ago where she was having some tingling from her	
				shoulders to her nose on both side of the neck. States it occurred off/on for couple of days. She	
				denies any LOC, confusion, weakness on one side, or slurred sp; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic	1
				signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new	1
		721.41 Manastia assessor (an austra) invasira animal asset			
Nourology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Padiology Convices Depind Not Medically Nessessan	signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	
Neurology	Disapproval	and contents, cervical, without contrast material	Radiology Services Denied Not Medically Necessary	spille fracture.	
				Swelling in the cervical spine region. Tender but does not look inflamed; This is a request for	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs	1
Neurology	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	
Neurology	Disappiovai	and contents, cervical, without contrast material	Radiology Services Deflied 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 the patient has new signs or	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine	1
Neurology	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	fracture.	
real clogy	о зарргота:	and contents, cervical, wender contrast material	nadiology services before the medically recessary	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	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of	
Neurology	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	physical therapy?	
			0, 11 11 11 11 11 11 11 11 11 11 11 11 11	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel	1
Neurology	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	dysfunction.	
			, , , , , , , , , , , , , , , , , , , ,	weakness, numbness, tingling, frequent or severe headaches, and difficulty finding desired words.;	
				This is a request for 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	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		recent cervical spine fracture.; Upper Limbs: biceps 2/4, triceps 2/4, brachial radialis 2/4, patellar	
Neurology	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	2/4, and achilles 2/4.	
0.					
				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.; Aggravated by extertion, tingling hands and feet, uses cane, back	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The	
Neurology	Disapproval	and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	
Neurology	Disapproval	and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI.	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		Disease of spinal cord; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
Neurology	Disapproval	and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	MRS, PET Scan, or Unlisted CT/MRI.	1
				Evaluation for 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.; 12/2017; There has not been any treatment or	
				conservative therapy.; Radiating neck pain, blurry vision,; One of the studies being ordered is NOT a	1
				Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
Neurology	Disapproval	and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Oncology	
				Headache ;Associated symptoms: dizziness and vomiting ;Associated symptoms: no abdominal	
				pain, no cough, no myalgias, no nausea, no sore throat and no weakness ;Emesis ;Associated	
				symptoms: headaches ;Associated symptoms: no abdominal pain, no art; This study is being ordered	
				for trauma or injury.; more than 3 months; There has been treatment or conservative therapy.;	1
				Spinal cord disease;Chronic Neck pain;Back Pain ;Headache;Dizziness;Nausea ;vomiting; Back	
				injection;Medications management; One of the studies being ordered is NOT a Breast MRI, CT	
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	
Neurology	Disapproval	and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
				This study is being and and far laffer market of lafesting Disease 07/44/2000 The laft	
				none; This study is being ordered for Inflammatory/ Infectious Disease.; 07/11/2019; There has	
				been treatment or conservative therapy.; neck and back pain; PT, home exercises, pain med; One of	1
		721/16 Magnetic reconance (or proton) imaging coinst		the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
Nourology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary		
Neurology	Disapproval	and contents, thoracic; without contrast material	naulology services benied Not intedically Necessary	Surgical Oncology or Radiation Oncology	

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been doing at home exercises and on Nsaids.;;Medications;;losartan 50 mg tablet;take 2 tablet by oral route every day;topiramate 25 mg tablet;take 1 (25MG) by oral route 2 times per day;zafirlukast 20 mg tablet;take 1 tablet by oral; This study is being ordered for a neurological disorder.; For: For Other abnormalities of gait and mobility (R26.89), Cervical Spinal Stenosis (M48.02), Pain in left arm (M79.602), Pain in right arm (M79.601), Radiculopathy, lumbar region (M54.16) and Other disturbances of skin sensation (R20.8);;;l am concern; it is not known if there has been any treatment or conservative therapy; Mrs Poyner is a 57yo RH lady who presents for follow up of neck and back pain, also having new issue of thoracic pain. She was last seen in December 2018, and she has not been able to follow-up as her husband was hospitalized for several months with what; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; balance issues, weakness, limping, joint pain, joint swelling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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.; Spine pain is described as radiating to below the right knee, radiating to right foot, and radiating to above the right knee and associated with numbness in right lower extremity. Patient complaint of right-sided 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
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 not have new or changing neurologic signs 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
V		72148 Magnetic resonance (eg, proton) imaging, spinal canal		38 year old man with chronic neck and back pain with radiation into his arms and legs. He reports requiring a wheelchair due to his pain. His insurance has still not approved imaging. He has tried therapy previously and was unable to tolerate it due to pa; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Some give way weakness due to pain. The patient is in wheelchair today due to 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	1
Neurology	Disapproval	and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	lumbar fracture. 38 year old man with chronic neck and back pain with radiation into his arms and legs. He reports requiring a wheelchair due to his pain.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 38 year old man with chronic neck and back pain with radiation into his arms and legs. He reports requiring a wheelchair due to his 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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Low back pain, Has a difficult time getting comfortable in bed, her back pain causes her to change positions frequently.; The study 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
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Motion/instability noted on flexion and extension views at L5-S1. There is 4.7 mm anterolisthesis on extension views and 8.2 mm of anterolisthesis on flexion views; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Comer comes in today 9/11/19 follow-up visit regarding pain medicine management, discussed obtaining MRI if not been able to do physical therapy to qualify for MRI however this needs to be done if we are to continue with prescribing pain medicines; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 07/11/2019; There has been treatment or conservative therapy.; neck and back pain; PT, home exercises, pain med; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been doing at home exercises and on Nsaids.;;Medications;;losartan 50 mg tablet;take 2 tablet by oral route every day;topiramate 25 mg tablet;take 1 (25MG) by oral route 2 times per day;zafirlukast 20 mg tablet;take 1 tablet by oral; This study is being ordered for a neurological disorder.; For: For Other abnormalities of gait and mobility (R26.89), Cervical Spinal Stenosis (M48.02), Pain in left arm (M79.602), Pain in right arm (M79.601), Radiculopathy, lumbar region (M54.16) and Other disturbances of skin sensation (R20.8);;Jl am concern; It is not known if there has been any treatment or conservative therapy; Mrs Poyner is a 57yo RH lady who presents for follow up of neck and back pain, also having new issue of thoracic pain. She was last seen in December 2018, and she has not been able to follow-up as her husband was hospitalized for several months with what; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	previous abnormal imaging; This study is being ordered for a neurological disorder.; painful numbness in toes since late 20s.; There has been treatment or conservative therapy.; She feels like she is walking on glass or tacks. Has worsened over time. She reports she has left leg charlie horses. fingers go numb if she holds her arm a certain way. Feels like all 5 fingers go numb.; patient has been on medication, had previous abnormal imaging.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	REVIEW OF SYSTEMS;;Review of Systems ;Constitutional: Positive for unexpected weight change (decreased 18 pounds over past 8 months). Negative for appetite change, chills, fatigue and fever.; HENT: Positive for hearing loss (hearing aids bilat). Negati; 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
Nuclear Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including	3	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.;	1
Nuclear Medicine	Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including	3	The patient has dizziness.; It is unknown why this study is being ordered. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This	1
Nuclear Medicine	Approval	brain stem); without contrast material 70450 Computed tomography, head or brain; without contrast		study is being ordered for a tumor. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a	1
OB/Gynecology	Approval	material		headache.; This study is being ordered for evaluation of known tumor.	1
OB/Gynecology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1
OB/Gynecology	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.	2
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3	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
OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		Endometrial cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
OB/Gynecology	Approval	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

			Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for some
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT
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 NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT
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
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	unknown; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT
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 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
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enlarged fibroid uterus shown on ultrasound.; 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
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	MS. AGUAYO HAS HAD 4 MISCARRIAGES AND AS A RESULT, HAS EXTREMELY HEAVY PERIODS WHICH CAUSES HER TO USE 10 SANITARY PADS DAILY. ON THE PT'S MOST RECENT EXAM IN AUGUST 2018, SHE HAD AN ULTRASOUND WHICH SHOWED A 6 WK FETUS, MISSHAPEN SAC, AND NO CARDIAC 1 ACTI; 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.
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for fetal injury.; There has been an ultrasound that showed a fetal abnormality.
OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;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 1 findings or indications of Hematuria.; The hematuria is newly diagnosed.; Yes this is a request for a Diagnostic CT
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being 1 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
OB/Gynecology	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.; ; 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
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3.5 cm complex I ovarian cyst found on US; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT
		74176 Computed tomography, abdomen and pelvis; without	Endometrial cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic
OB/Gynecology	Approval	contrast material	Surgery, Oncology, Surgical Oncology or Radiation Oncology

				Had a ultrasound; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been	
				completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being	1
		74176 Computed tomography, abdomen and pelvis; without		ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase	
OB/Gynecology	Approval	contrast material		or lipase lab test.; Yes this is a request for a Diagnostic CT	
				Surgical History;Reviewed Surgical History;Cesarean delivery;Past Medical History;Reviewed Past	
				Medical History; Hypertension: Y; Hyperthyroidism: Y; HPI; She has had Mirena IUD since April, 2016.	
				She had light periods for about 2 years, then started; This is a request for an abdomen-pelvis CT	
				combination.; A urinalysis has not been completed.; This study is being requested for abdominal	1
		74476 6		and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	
OB/ Gyriecology	Approval	Contrast material		This is a request for Breast MRI.; This study is being ordered as a screening examination for known	
		77046 Magnetic resonance imaging, breast, without contrast		family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree	1
OB/Gynecology	Approval	material; unilateral		relatives (parent, sister, brother, or children).	_
, , ,		93307 Echocardiography, transthoracic, real-time with image		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when		study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of	1
OB/Gynecology	Approval	performed, complete, without spectral or color Doppler		congenital heart disease.	
		93307 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
OB/Gynecology	Approval	performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Pulmonary Hypertension.	
00/6	D'	70450 Computed tomography, head or brain; without contrast	De Polos Control De Stal No. 18 de Poulle No.	N/a; This is a request for a brain/head CT.; The study is being requested for evaluation of a	1
OB/Gynecology	Disapproval	material	Radiology Services Denied Not Medically Necessary	headache.; The headache is described as chronic or recurring.	
				; This study is 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	1
				ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	
		71250 Computed tomography, thorax; without contrast		ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
OB/Gynecology	Disapproval	material	Radiology Services Denied Not Medically Necessary	Oncology or Radiation Oncology	
				AMENORRHEA; This is a request for a Pelvis MRI.; The study is being ordered for something other	1
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with	_ ,, _ , _ , , , , , , , , , , , , , ,	than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis	
OB/Gynecology	Disapproval	contrast material(s)	Radiology Services Denied Not Medically Necessary	prior to surgery or laparoscopy, Suspicion of joint or bone infect	
				Patient is having pelvic pain and painful sex. Patient is having bladder spasms.; This is a request for a	
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with		Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.;	1
OB/Gynecology	Disapproval	contrast material(s)	Radiology Services Denied Not Medically Necessary	The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	
· .				; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This	
				study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The	1
		74176 Computed tomography, abdomen and pelvis; without		patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a	
OB/Gynecology	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	Diagnostic CT	
				ABD Pain which is acute.; This is a request for an abdomen-pelvis CT combination.; This study is	
		74176 Computed tomography, abdomen and pelvis; without		being requested for abdominal and/or 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	1
OB/Gynecology	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	request for a Diagnostic CT	
Obj Gynecology	Disapprovar	Contrast material	radiology services belied Not inedically Necessary	request for a biagnostic C1	
				cystic adnexal mass; This is a request for an abdomen-pelvis CT combination.; This study is being	
				requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has	
				been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam	1
		74176 Computed tomography, abdomen and pelvis; without		were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound	
OB/Gynecology	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	showed a pelvic mass.; Yes this is a request for a Diagnostic CT	
				Inguinal Hernia; This is a request for an abdomen-pelvis CT combination.; This study is being	
		74176 Computed tomography abdomon and notific with suit		requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has	1
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	
OD/ Gynecology	Disapprovdi	Contrast material	nationally services believe not intenically necessary	were abnormally restalls is a request for a plagnostic of	
				Nipple discharge: bloody nipple discharge from right breast, stopped breast feeding 6 months ago,	
				noticed discharge 2-3 weeks ago, no pain, no lump.; This is a request for Breast MRI.; This study is	1
		77046 Magnetic resonance imaging, breast, without contrast		being ordered for something other than known breast cancer, known breast lesions, screening for	
OB/Gynecology	Disapproval	material; unilateral	Radiology Services Denied Not Medically Necessary	known family history, screening following genetric testing or a suspected implant rupture.	
				; 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	1
Oncology	Appresial	70490 Computed tomography, soft tissue neck; without		patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.;	
Oncology	Approval	contrast material		There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT	

Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Malignant tumor of pancreas (disorder) (Stage Date: Unknown, Stage IV;Histopathologic Type: Adenocarcinoma; PALB2 gene: Unknown; BRCA1: Unknown;);Pancreatic mass;Chemotherapy-induced nausea and vomiting (disorder);Dizziness (finding); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	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	2
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There is a subcentimeter nodule in the right apex that is very slightly increased in size. It is indeterminate, but continued observation is recommended to exclude metastatic disease or a second primary.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Malignant tumor of pancreas (disorder) (Stage Date: Unknown, Stage IV;Histopathologic Type: Adenocarcinoma; PALB2 gene: Unknown; BRCA1: Unknown;);Pancreatic mass;Chemotherapy-induced nausea and vomiting (disorder);Dizziness (finding); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	2
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There is a subcentimeter nodule in the right apex that is very slightly increased in size. It is indeterminate, but continued observation is recommended to exclude metastatic disease or a second primary.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
		74176 Computed tomography, abdomen and pelvis; without	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy	1
Oncology	Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	within the past 90 days.; Yes this is a request for a Diagnostic CT 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
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 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
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a 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
		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Gancer has been made); This study is being requested for Breast Cancer.; This is NOT for an evaluation of axiliary 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	1
Oncology	Approval	and anatomical localization imaging; whole body	using FDG (fluorodeoxyglucose)	

Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast		1
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material	ONE OF HER EYES CAN'T MOVE AND A HISTORY OF CANCER; 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
		70480 Computed tomography, orbit, sella, or posterior fossa or	"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is	1
Ophthalmology	Approval	outer, middle, or inner ear; without contrast material	suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	2
Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	2
Ophthalmology	Approval	70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Patient has diabetes and high blood pressure, ocular hypertension; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 7th, 2019.; There has not been any treatment or conservative therapy.; Swelling of optic discs, blurred vessels in left eye.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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	
Ophthalmology	Approval	and/or neck; without contrast material(s)	history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is 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.	2
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This 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
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 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
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 does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Double vision, optic nerve thinning ,rule out demyelinating disease or compressing lesion nausea weakness, unbalanced; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material	neurofibromatosis optic nerve pallor, visual file defect OU -evaluating for compression lesion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has diabetes and high blood pressure, ocular hypertension; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; August 7th, 2019.; There has not been any treatment or conservative therapy.; Swelling of optic discs, blurred vessels in left eye.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	pupil non responsive, decreased vision in; 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
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.; 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
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 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.; 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). This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This	1
Ophthalmology	Approval	brain stem); without contrast material	study is being ordered for a tumor.	1
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.	1
Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	This is a request for a temporomandibular joint MRI.	1
Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	Cervical neck pain greater than 3 months. She has tried ice, heat, rest, over-the-counter medications, strength and stretching techniques, none which have helped. The patient does have a history of a C5-C6 anterior cervical decompression fusion. She expir; This study is not to be part of a Myelogram;; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	Preoperative planning for cervical disc decompression and possible fusion.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits,; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc	1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient is a 54 y.o. male That is referred to us by our colleague Dr.Cassat. Patient has a history of an ACDF in 2006 in a Right sided approach by an unknown MD in Pine Bluff. He also had an an instrumented What is believed to be a foraminotomy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
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. This patient does not have a history of severe low back	1
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	4
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	2

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1
		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	4
Orthopedics	Approval	material	lumbar injury .; Yes this is a request for a Diagnostic CT	
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; decreased sensation of redial fore arm thumb & Damp; finger, tricep & Damp; wrist flexation; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cervical spine shows decreased range of motion in all planes. She complains of paraspinal tenderness over the right paraspinal musculature; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Diagnosis; ;1. Cervical spondylosis;2. Cervical kyphosis;3. Advanced disc degeneration and cervical spondylosis at C5-C6;4. Cervical radiculopathy consistent with the C6 dermatome.; 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.; Sensation on the Right: C6 decreased sensation of the radial forearm, thumb and index finger. Biceps Reflex Right: diminished (1)Cervical kyphosis with multilevel cervical spondylosis and severe, advanced, cervical spondylosis with anterior osteophytes at	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Increased pain with extension, hypoesthesia right shoulder and lateral arm, tenderness in paraspinal muscles, multiple trigger points noted, paraspinal musculature spasm noted, myofascial spasms as well as knots in multiple areas; This is a request for 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.; Cervical spine x-rays were reviewed. Mild degenerative changes noted.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	MRI scan of cervical spine anti-inflammatories and pain medicines as needed return to clinic for review of studies. We'll probably send her to pain specialist for cervical epidural injections; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Reflexes:;; Biceps;1+ bilateral; Brachioradialis;1+ bilateral; Triceps;1+ bilateral; Hoffman's Not performed; Babinski test;Negative;Special Tests:;, Facet test:;Negative; Myositis;Negative; Trigger point test:;	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal	no; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Orthopedics Orthopedics	Approval Approval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unlisted CT/MRI. Pain that radiates from the neck down into the hand. Burning and tingling sensation.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PALPATION: subacromial tenderness.; RANGE OF MOTION: limited range of motion.; STRENGTH: strength decreased.; MUSCLE TESTING: weakness of supraspinatus.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; she has had pain for the past 9 months. She describes her pain as aching, throbbing, burning, and sharp. She also describes numbness and tingling that radiates into her fingers. She has tried rest, ice, heat, over-the-counter anti-inflammatories, neuropat; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient had cervical fusion in February at C4-6. X-ray showing less consolodation at C5-6 with graft collapse and plate migration at the inferior aspect of the construct. Requesting MRI to assess the cord, spinal canal. Currently in cervical collar so; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has an intraspinal cyst at L4-5 and the left with stenosis causing severe pain in her back. Myelopathy atrophy in her upper extremities with a history of ankylosing spondylitis; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient unable to complete exercises due to pain	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	See previous clinical notes; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Examination:; Cervical Spine/Neck:; C SPINE EXAM: decreased range of motion, trigger points appreciated/spasms noted.; INSPECTION/PALPATION: myofascial trigger points, decreased range of motion, negative Spurling's maneuver.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The EMG/NCV findings more suggestive of a cervical radiculopathy than peripheral compression neuropathy. She did have mild right median sensory neuropathy and mild right ulnar sensory neuropathy but no denervation. Overall these findings are not severe.;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Clinical setting: long history of CTS with previously releases bilaterally in 1997 and a long history of subsequent wrist pain, now having recurrent 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
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; it is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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
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?	11
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient is unable to lift no more then 5lbs, and he cant lift his arm over his 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
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/10/19; There has been treatment or conservative therapy.; compression fracture. osteoporosis; NSAIDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states it has hurt for several years; There has been treatment or conservative therapy.; Pain, tingling and weakness; Anti-inflammatories, chiropractic care, physical therapy,epidural injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2
Orthopedics	Approval	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, neurosurgeon, or orthopedist.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has provided Babinski, weakness on one side, tingling, numbness in toes and fingertips on right side; 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Radiculopathy in opposite leg with a lumbar deficit.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in both legs. she has nerve inpingement and spinal stenosisi as well; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Orthopedics	Approval	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; 5/10/19; There has been treatment or conservative therapy.; compression fracture. osteoporosis; NSAIDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS OF HIP FLEXORS, HAS HAD PREVIOUS SURGERY ON HER HIPS BUT NOW RADICULOPATHY AND PAIN RADIATES DOWN LEGS, Lumbar disc prolapse with radiculopathy PER THE DOCTOR; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; ; Naproxen;Tylenol	1

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She has a complex case in more than one issue going on. Her history is more consistent with radicular symptoms with her radiating type pain. She does have significant degenerative arthritis requiring pain with internal rotation. We will obtain an MRI to e; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states it has hurt for several years; There has been treatment or conservative therapy.; Pain, tingling and weakness; Anti-inflammatories, chiropractic care, physical therapy,epidural injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDS scaletly is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	73-year-old female with low back pain and left-sided leg pain. She describes a radicular type pattern of pain on the left in what seems to be an L5 distribution, however her symptoms are reproduced with lumbar extension and left lateral bend on exam toda; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Strength is 4/5 left hip flexors, quadriceps, tibialis anterior, gastroc, EHL compared to right. Sensation decreased over dorsum of left foot.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Low 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.; It is not known if the patient has had back pain for over 4 weeks.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	no; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pain is severe with a rating 10/10 throbbing and are constant the symptoms are worse when laying in bed patient finds it difficult to put on socks and painful to walk.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction. The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has lbp for several mths, rt leg radiculopathy, eval for nerve root impingement; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has lumbar radiculitis and L5 S1 huriation; 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 not seen the doctor more then once for these symptoms.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has radiculopathy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decrease in sensation in both legs and knees and are getting weaker.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthografian		72148 Magnetic resonance (eg, proton) imaging, spinal canal	patient has spinal stenosis, patient has had injections; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	and contents, lumbar; without contrast material	evidence of a recent furnibal fracture.	

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient states he has had back and hip pain for over 4 years. States it radiates down his left leg to foot. he does have some tingling and numbness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	PHYSICIAN IS LOOKING FOR SPINAL STENOSIS. DECREASED MOBILITY, JOINT PAIN, JOINT STIFFNESS, LIMPING, WEAKNESS, NOCTERNAL AWAKENING. PAIN RADIATES DOWN RIGHT LEG AND WEAKNESS & amp; NUMBNESS IN RIGHT LEG.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PHYSICIAN IS LOOKING FOR SPINAL STENOSIS. DECREASED MOBILITY, JOINT PAIN, JOINT STIFFNESS, LIMPING, WEAKNESS, NOCTERNAL AWAKENING. PAIN RADIATES DOWN RIGHT LEG AND WEAKNESS & amp; NUMBNESS IN RIGHT LEG.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Request MRI's to asses the patients current condition; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 7/1/2015; There has been treatment or conservative therapy.; Sharp and shooting pain in lower back and hip radiating to the legs; Patient has had medication, physical therapy and 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
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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	6
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	3
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	16
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	3
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patient was having a hard time lifting legs	1
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Xray shows coronal imbalance as well as sagittal imbalance. Degenerative lumbar scoliosis with decompensation to the right. Severe stenosis at L2-3 and L3-4. Disc degeneration at Thoracic level; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2019; There has been treatment or conservative therapy.; Middle and low back pain with radiculopathy, tingling and numbness in the extremities; patient is taking anti inflammatory medication, Chiropractic treatment and spinal 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 Genetic counseling: I am unsure as to the etiology for the patient's hip dysplasia. She is certainly a	1
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	mildly hyper mobile and has a beighton score of 5 out of 9. Genetic testing to date has been negative. I discussed with patient that she likely has; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT; The surgery being considered a hip replacement surgery.	1
Orthopedics Orthopedics	Approval Approval	72192 Computed tomography, pelvis; without contrast material 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 This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without	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. 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	1
Orthopedics	Approval	contrast material 73200 Computed tomography, upper extremity; without	CT This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent	6
Orthopedics Orthopedics	Approval Approval	contrast material 73200 Computed tomography, upper extremity; without contrast material	postoperative evaluation.; Yes this is a request for a Diagnostic CT This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	3
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		1
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	8
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	2
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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
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 Inflammatory/ Infectious Disease.; 10/17/2018; There has been treatment or conservative therapy.; The pt has significant pain, moderate tenderness w/palpation, positive NEER & Hawkins test.; medication, PT, physician directed at home exercises, activity medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 5-1-2016; There has been treatment or conservative therapy; Pain with overhead motions, pain with rotator cuff, neg bicep testing.; Changed activity level, physical therapy, home exercise program, pain meds, steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury; It is not know if surgery or arthrscopy 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 evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or 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.	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for trauma or injury; 09/24/18; There has been treatment or conservative therapy; Alysia M Thompson is a 30 y.o. Has been followed in my clinic for bilateral shoulder pain due to 7 more bursitis impingement that we treated conservatively with a steroid injection physical therapy. Patient temper response which is about 2 weeks and cur; Physical and Occupational Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Bilateral upper extremities: No swelling. No wounds. Active motion near normal with pain at the extremes. Positive Hawkins. Positive speed's. 3 out of 5 strength with resisted abduction. 4 out of 5 strength with resisted external rotation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2019; There has been treatment or conservative therapy.; Pain and limited motion; PT and NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	concern for a full-thickness rotator cuff tear; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	continued pain after conservative treatments. rule out possible labral or rotator cuff tear.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; 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 Chirorpactic 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.; at home exercises and treatment include rest, ice, elevation, at home exercises and NSAIDS; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without contrast material(s)	Enter answer here - or Type In UnknSomewhat vague history but it seems that earlier this year she was diagnosed with DQST which it seems she still suffers with but she then fell about 4 weeks ago and then recently went to Sherwood urgent care where she wa; The pain is from a recent injury.; It is not know if surgery or arthrsoy's 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 evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	EVALUATE FOR TEAR OF LIGAMENTTENDERNESS OF DISTAL FOREARM; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	HE CANT DO PHYSICAIN DIRECTED TREATMENT LIKE PHYSICAL THERAPY BECAUSE HE HAS A LOOSE BODY THAT NEEDS TO BE REMOVED; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without contrast material(s)	left shoulder pain for the past month despite, decreased mobility, rest, ice and ibuprofen. In fact he has increased pain. suspect rotator cuff tear, weakness and instability, prev. RC repair on the left shoulder; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits; pt has also had left shoulder arthroscopy rc repair in 2014. pt is a carpenter and would like to get back to work. has taken nsaids and had steroid injections too without relief; abnormal xray; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	LEFT SHOULDER PAIN; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	LOOKING FOR ROTATOR TEAR; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	painful arc, jobe test positive, lag sign positive. Very limited ROM, patient has a lot of pain with any movement of her shoulder. Dr is requesting MRI for preop consideration; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient fell and caught herself with her shoulder about 6 weeks ago. She received a steroid injection 4 weeks ago and is still having pain. On exam she has positive Neer and Hawkins, pain with overhead lifting and tenderness over lateral cuff insertion an; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient few months, has had conservative treatment and injection, chiro, meds and home exercises.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient having pain and weakness that is worsening; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	patient recently fell from a 10 foot ladder. Wrist pain with abnormal x ray,; The pain is from a recent injury,; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without contrast material(s)	Patinet has ac tenderness Subacromial tenderness bicep tenderness Pain with dls Patient has had oral meds and a sterid injuection; 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
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	patinet has been treated for a wrist fracture in a cast for 6 weeks . patient is still having pain . need ri to see if patinet has torn some tendons; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	pos. ligament tear.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	positive Jobe, neer, crossover adduction with painful arc. Patient fell off a ladder 2 weeks ago and has been using NSAIDS for pain. Previously has completed PT for shoulder issues and has tried to implement home exercise, pain is constant making home ex; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	possible tendon rupture; The requested study is a Shoulder MRI.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PROGRESSIVELY GOTTEN WORSE/LIMITED ROM/; 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
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pt is a 62 years old RHD Female with LEFT shoulder pain for several years. No injury noted. Pt does have pain at night. Numbness and tingling is noted. No previous surgeries or problems with this shoulder. The pain is described as burning pain that is in; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care;; The physician has not directed a home exercise program for at least 6 weeks; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pt is a 75 years old RHD Male with LEFT shoulder pain for 1 week after patient was knocked off a ladder on 06/21/2019. No pain at night. No numbness and tingling. No previous surgeries or problems with this shoulder. The pain is described as sharp, stabbi; The requested study is a Shoulder MRL; The pain is from a recent injury; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Right Shoulder pain and weakness for past 5 years. Exam and symptoms are consistent with Labral pathology with some Rotator Cuff Tear. MRI with arthrogram to take inventory of the shoulder.; 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.; Not improving. Taking ibuprofen and Tylenol but unable to sleep on side. Following all instructions for home exercise and pt. Had injection and no relief; The patient received oral analgesics.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	rotator cuff tear; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	She was in physical therapy and the patient refused therapy because she felt like her shoulder was back out of socket. We brought her in for x-rays. AP and lateral views were done in the clinic and reviewed with no definite fracture or dislocation seen.; The requested study is a Shoulder MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	SHOULDER DISLOCATION - PRE-OP CONSIDERATION; The requested study is a Shoulder MRI; The study is not requested for any of the standard indications for Knee MRI; The study is not requested for shoulder pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulder Pain ;Onset: 3 months ago. Severity level is 5. It occurs occasionally and is worsening. Location: left shoulder. The pain radiates to the left arm. The pain is aching and burning. Context: there is no injury. The pain is aggravated by be; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulder pain with Hawkins Impingement, weakness and possible rotator cuff tear; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Status post CTR with new fall injury onto hands.; The pain is from a recent injury.; It is not know if surgery or arthrscopy 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 evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Suspect ill defined contusion or sprain. It is improving and he was not really interested in therapy so suggested he give it 6 more weeks and then f/u and if symptoms persist we will attempt MRI (has what appears to be untreated Parkinson which could make; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	SUSPECTED COMPLETE ROTATOR CUFF TEAR; The requested study is a Shoulder MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	SUSPECTED ROTATOR CUFF TEAR; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthrscopy 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.	3
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 arthrscopy 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 evalutation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is 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?	44
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).	3
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from 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.	20
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?	11
			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	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	

		73221 Magnetic resonance (eg, proton) imaging, any joint of	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	3
Orthopedics	Approval	upper extremity; without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of	recevied joint injection(s). The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a	
Orthopedics	Approval	upper extremity; without contrast material(s)	recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; The study is not requested for shoulder pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.; The study is not requested for shoulder pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	There is also a mass noted over the left radial forearm approximately 4.5 cm proximal to the wrist crease. This is quite tender to palpation.; 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 evalutation of wrist pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
		73221 Magnetic resonance (eg, proton) imaging, any joint of	unknown; 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	1
Orthopedics	Approval	upper extremity; without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of	suspicion of tendon, ligament, rotator cuff injury or labral tear. Will FAX; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury,	1
Orthopedics	Approval	upper extremity; without contrast material(s)	chronic pain or a mass.; The request is for shoulder pain.	1
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	worsening s/spain and 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
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.	4
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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	MEDIAL MENISCUS TEAR; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Operative planning for right TKA; This is a preoperative or recent postoperative evaluation.; This is a request for a Diagnostic CT; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient is having total knee arthroplasty and this is needed for surgical 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. Preoperative planning for MAKO TKA; This is a preoperative or recent postoperative evaluation.;	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a Knee CT; Yes this is a request for a Diagnostic CT; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1

Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "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	5
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 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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than for weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material 73700 Computed tomography, lower extremity; without	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative	1
Orthopedics	Approval	contrast material	evaluation; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	2
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
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 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 a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2
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 Diagnostic CT	1
Oopeuics	Approvai	contrast material	ioi a nice et, res uns is a request for a pragnostic et	

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
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 suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 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
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	x-ray results are severe knee degenerative joint disease. ;;Doctor is recommending CT scan to evaluate bony deformity. planning on total join replacement. He ahs done well with total joint replacement on the right side.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	X-Ray: AP lateral and flexed view revealed the right knee shows bone-on-bone joint space narrowing medial compartment with large osteophytes varus deformity. Impression severe right knee medial compartment osteoarthritis;;Diagnosis:; Right knee severe; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1
Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	X-ray;; Standing AP and lateral views of the right knee were obtained in the office today: Bone on bone medial and patellofemoral compartments, large tricompartmental osteophytes, varus deformity. ;;IMPRESSION;; Right knee degenerative arthritis, en; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 07/13/2019; There has been treatment or conservative therapy.; pain with ambulation, burning sensation in the knees, instability, positive mcmurrays, bilateral tenderness, positive for effusion bilaterally; medications, both knees were in knee sleeves, patient has been done home exercise also but has not been working; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This is a request for a 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
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3	1
Orthopedics	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	months. ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not	1
Orthopedics	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	scheduled in the next 4 weeks. ; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	
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	chronic posterior tibial tendon insufficiency left lower extremity, she has attempted bracing, anti- inflammatories, she needs an MRI to evaluate the tendon as well as the hindfoot for arthritic change;X-rays of the left lower extremity reviewed by myself; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
		<u> </u>		

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	eval for 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.; 03/01/2019; There has been treatment or conservative therapy.; medial-sided joint pain, complains it is right underneath her kneecap on the right side.; PT, Nsaids, injections and chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Ganglion, left ankle and foot. lateral ankle and hindfoot stiffness and pain extending into the mid dorsal midfoot for "a couple of years," and its "getting worse. Completed 6 months of Physical Therapy with no lasting results. Ankle Xray normal. Cyst pr; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Left ankle tendonitis in spite of topical NSAID and walking boot.; This is a request for an Ankle MRI.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	patient is 67 years old and was loading stuff and twisted his knee he experiences swelling and stiffness. there is marked medial joint line tenderness. Positive for McMurray's and Apley's Testing; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PLEASE REFER TO ATTACHED CLINICAL RECORDS; This study is 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 REFER TO ATTACHED CLININCAL RECORDS; It is not known if there has been any treatment or conservative therapy.; PLEASE REFER TO ATTACHED CLININCAL RECORDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Possible Non union of a Metatarsal fracture; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	pt has requested all other mri's be withdrawn (which I have done on the phone already) Pt states that his left foot bothers him the MOST and he requests only the LEFT FOOT MRI to get a pre-auth at this time.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	rule out tear, not from injury; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The patient is a right handed 57 year old female seen for left foot pain. The symptoms began gradually over time. Symptoms began 2 weeks ago. She describes the symptoms as sharp. The symptoms are made worse with standing. The patient experiences swelling; 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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; Surgery is planned for within 30 days.; The study is being ordered for a pre op.	1
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other	1
Orthopedics Orthopedics	Approval Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. This is a request for a foot MRI.; The study is being 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
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	2
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a 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 crutches for at least 6 weeks.	1
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI., The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1

		73720 Magnetic resonance (eg. proton) imaging, lower	This is a request for a Knee MRI.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being	1
Orthopedics	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	*
		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	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	specialty is Orthopedics.	
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 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 Orthopedics.	1
Orthopedics	Арргочаг	73720 Magnetic resonance (eg, proton) imaging, lower	seeve, ace balladge, whee blacky, the oldering was specialty is of thopeales.	
Orthopedics	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI; The ordering physician is an orthopedist; This study is being ordered for Non-acute Chronic Pain; Locking; It is unknown if surgery is planned.	1
		73720 Magnetic resonance (eg, proton) imaging, lower		
Orthopedics	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	1
		73720 Magnetic resonance (eg, proton) imaging, lower		
0.45		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	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	ordered for Non-acute Chronic Pain; Swelling greater than 3 days; It is unknown if surgery is planned.	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being	
		extremity other than joint; without contrast material(s),	ordered for None of the above; Limited range of motion; Surgery is being planned.; Arthroscopic	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	surgery	
		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	3
Orthopedics	Approval	followed by contrast material(s) and further sequences	ordered for Post-operative Evaluation	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being	
		extremity other than joint; without contrast material(s),	ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability;	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	Arthroscopic surgery	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being	
		extremity other than joint; without contrast material(s),	ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking; Arthroscopic	2
Orthopedics	Approval	followed by contrast material(s) and further sequences	surgery	
·		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	93
Orthopedics	Approval	followed by contrast material(s) and further sequences	ordered for Suspected meniscus, tendon, or ligament injury	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	
		extremity other than joint; without contrast material(s),	ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking, Arthroscopic	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	surgery	
		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 had 4 weeks of physical therapy, chiropractic or	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	physician supervised home exercise in the past 3 months	_
Orthopeales	проста	tono near by contrase material(s) and farther sequences	prysical super rised notice exercise in the past of months	
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; It is unknown if surgery is planned.	1
Orthopeales	прогота	rono nea by contrase material(s) and farther sequences	This is a request for a Knee MRI; The patient had recent plain films of the knee.; The plain films	
		73720 Magnetic resonance (eg, proton) imaging, lower	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.;	1
		extremity other than joint; without contrast material(s),	Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving	
Orthopedics	Approval	followed by contrast material(s) and further sequences	away of the knee.	
		73720 Magnetic resonance (eg, proton) imaging, lower	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 Pre-	1
		extremity other than joint; without contrast material(s),	operative Evaluation (including TKA - Total Knee Arthroplasty); Pain greater than 3 days;	
Orthopedics	Approval	followed by contrast material(s) and further sequences	Arthroscopic surgery	
		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 had recent plain films of the knee.; The plain films	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	
		73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status	
		extremity other than joint; without contrast material(s),	(NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with	1
Orthopedics	Approval	followed by contrast material(s) and further sequences	Crutches; The ordering MDs specialty is Orthopedics.	
		73720 Magnetic resonance (eg, proton) imaging, lower		
		extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as	9
Orthopedics	Approval	followed by contrast material(s) and further sequences	chronic; The member has failed a 4 week course of conservative management in the past 3 months.	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is	1
Orthonodiss	A			
Orthopedics	Approval	followed by contrast material(s) and further sequences	scheduled in the next 4 weeks.; A Total Knee Arthroplasty (TKA) is NOT being performed.	

		73720 Magnetic resonance (eg, proton) imaging, lower		This is a second for a Many of the study is accounted for large and a Theorem 1 of forms and	
Out on the		extremity other than joint; without contrast material(s),		This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old	1
Orthopedics	Approval	followed by contrast material(s) and further sequences		injury.; The member has failed a 4 week course of conservative management in the past 3 months.	
		73720 Magnetic resonance (eg, proton) imaging, lower		The Second Control of State of	
- · · ·		extremity other than joint; without contrast material(s),		This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including	1
Orthopedics	Approval	followed by contrast material(s) and further sequences		TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	
		73720 Magnetic resonance (eg, proton) imaging, lower		This is a request for a Knee MRI.; This study is being ordered for Suspected Aseptic Necrosis; Yes, the	
		extremity other than joint; without contrast material(s),		patient had recent plain films or bone scan of the knee.; Yes, the plain films/scans are normal.; Yes,	1
Orthopedics	Approval	followed by contrast material(s) and further sequences		the ordering physician is an orthopedist or a pediatrician.	
		73720 Magnetic resonance (eg, proton) imaging, lower			
		extremity other than joint; without contrast material(s),		This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor	1
Orthopedics	Approval	followed by contrast material(s) and further sequences		or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	
				This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of	
		73720 Magnetic resonance (eg, proton) imaging, lower		tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a	4
		extremity other than joint; without contrast material(s),		suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture	
Orthopedics	Approval	followed by contrast material(s) and further sequences		which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	
		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 arthrscopy is scheduled in the next 4 weeks.; The	3
Orthopedics	Approval	followed by contrast material(s) and further sequences		study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	
		73720 Magnetic resonance (eg, proton) imaging, lower		This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-	
		extremity other than joint; without contrast material(s),		ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or	1
Orthopedics	Approval	followed by contrast material(s) and further sequences		ligament injury.	-
o. a. opeuico	лрргочи	73720 Magnetic resonance (eg, proton) imaging, lower		agoment ago, p	
		extremity other than joint; without contrast material(s),		This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-	3
0-44					3
Orthopedics	Approval	followed by contrast material(s) and further sequences		ray.; The study is requested for ankle pain.; Tendon or ligament injuryis not suspected.	
				Hip Pain; This is a requests for a hip MRI.; Surgery or arthrscopy is not scheduled in the next 4	
		73721 Magnetic resonance (eg, proton) imaging, any joint of		weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The	1
Orthopedics	Approval	lower extremity; without contrast material		request is for hip pain.	
				Pt is a 33 years old Female with RIGHT hip pain for 3 months after patient done a field squat. Patient	
				denies any pain below the knee. No previous surgery or problems with this hip. No numbness or	1
				tingling noted. Patient points to the groin as the area of; This is a requests for a hip MRI.; It is not	1
		73721 Magnetic resonance (eg, proton) imaging, any joint of		know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or	
Orthopedics	Approval	lower extremity; without contrast material		ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	
				Request MRI's to asses the patients current condition; This study is being ordered for something	
				other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
				infectious disease, congenital anomaly, or vascular disease.; 7/1/2015; There has been treatment or	
				conservative therapy.; Sharp and shooting pain in lower back and hip radiating to the legs; Patient	1
				has had medication, physical therapy and 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	
		72721 Magnetic recogning (og proton) imaging any joint of			
Out on the		73721 Magnetic resonance (eg, proton) imaging, any joint of		is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
Orthopedics	Approval	lower extremity; without contrast material		Oncology	
				This is a requests for a hip MRI.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a	
		73721 Magnetic resonance (eg, proton) imaging, any joint of		suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip	2
Orthopedics	Approval	lower extremity; without contrast material		pain.	
				This is a requests for a hip MRI.; The member has a recent injury.; There is a suspicion of fracture	
		73721 Magnetic resonance (eg, proton) imaging, any joint of		not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; The request is not	1
Orthopedics	Approval	lower extremity; without contrast material		for hip pain.	
		73721 Magnetic resonance (eg, proton) imaging, any joint of		This is a requests for a hip MRI.; The member has failed a 4 week course of conservative	10
Orthopedics	Approval	lower extremity; without contrast material		management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	10
		73721 Magnetic resonance (eg, proton) imaging, any joint of		This is a requests for a hip MRI.; The member has failed a 4 week course of conservative	3
Orthopedics	Approval	lower extremity; without contrast material		management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	
	70.000	75635 Computed tomographic angiography, abdominal aorta		, , , , , , , , , , , , , , , , , , , ,	
		and bilateral iliofemoral lower extremity runoff, with contrast			1
Orthopedics	Approval	material(s), including noncontrast images, if performed, and		Yes, this is a request for CT Angiography of the abdominal arteries.	-
Orthopeuics	Approvai	72125 Computed tomography, cervical spine; without contrast		; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no	
Orthonodics	Disapproval		Radiology Convices Denied Not Medically Names		2
Orthopedics	Disapproval	material	Radiology Services Denied Not Medically Necessary	reason why the patient cannot have a Cervical Spine MRI.	
				54-year-old male with continued cervical radiculopathy and deltoid weakness in the presence of a	
				previous ACDF at C6-C7 and foraminotomies at C3-C4, C4-C5, C5-C6.;;There is a loss of lordosis in the	
				cervical spine. There are multiple levels of degenera; This study is not to be part of a Myelogram.;	1
		72125 Computed tomography, cervical spine; without contrast		This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient	
Orthopedics	Disapproval	material	Radiology Services Denied Not Medically Necessary	cannot have a Cervical Spine MRI.	

Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	cervical neck pain. Her pain has been going on for greater than 3 months. She discussed her pain is being aching, dull, stabbing, throbbing. Her diagnosis is noted in the CC above. She has tried ice, heat, rest, over-the-counter medications, strength and; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has numbness and weakness in the Rt upper extremity with what we feel is nerve compression. We are trying to determine the cause; 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.; It is not known if there has been a supervised trial of conservative management for at least six weeks; The patient is experiencing sensory abnormalities such as numbness or tingling; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc; Caller does not know how many follow-up Cervical Spine CTs the patient has had.	1
Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; 10 months ago; There has been treatment or conservative therapy.; Back pain, leg pain; PT, 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
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 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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness, Numbness, tingling bilateral extremities, unable to lift both arms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; mild Itd in strength, decreased grip strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Marked decreased active loss of motion of the cervical spine. Right upper extremity radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Reflexes:;; Hoffman's;normal; Plantar response;downgoing	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

				; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral upper extremity weakness. patient has nerve studies showing nerve impigement; The patient does not have new	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	
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 pain is mild, worsens with grasping and lifting heavy 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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Positive Spurling sign bilaterally;;Headached, Neck;Stiffness, Neck;Neck Pain;Back Pain;Barasthesia and Numbness;Decreased Range of Motion noted in: Neck Forward Flexion, Extension, Lateral Flexion and Roatation.;Pain with Ran; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical degenerative disc disease throughout C5-6 and C6-7 with disc space narrowing osteophytes. Pain radiates down the left shoulder with paresthesia and weakness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left bicep weakness on exam; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	complain of .left upper extremity pressing against neck right shoulder pain impingement radiculopathy left nerve compression numbness and weakness; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It shoulder pain x 2 mths, radiculopathy into left arm. dec and painful cervical ROM, ongoing and increasing pain, nsaids and conservative treatment x 2 mths w no relief.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; It shoulder and arm weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	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 trauma or injury.; 07/09/2019; There has been treatment or conservative therapy.; pain radiation to lower extremity, pain neck upper, back to left should. As well as to both buttocks, has been to PT and making pain worse and taking meds that are not helping.; P-Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient failed IM injection, two rounds of oral steroids, chiropractic treatment and muscle relaxers and home exercise program.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased gripped strength on the right hand from the neck. Marked decreased active loss of motion of the cervical spine. Right upper extremity radiculopathy.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Persistent neck or arm pain 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.; Persistent neck or arm pain with radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt has been denied this mri two times previously. she has failed 6 weeeks of PT, taken nsaids and pain reliever since july 2019. she has continued at home PT w neck stretching. c/o left side radiculopathy. RN has called NIA and has been told a peer to p; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; dec ROM, weakness in left upper ext, abnormal NCV; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt has continued pain x 4 mths, one denial for mri cervical spine already. pt has contained conservative treatment w no improvement. eval spine for issue not seen on xray; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; left side radiculopathy x 4 mths, pain, dec ROM, weakness into LUE, abnormal NCV; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics Orthopedics	Disapproval Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	She describes her pain as aching, throbbing, burning, and sharp. She also describes numbness and tingling that radiates into her fingers. She has tried rest, ice, heat, over-the-counter anti-inflammatories, neuropathic pain medications, none of which have; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; INSPECTION/PALPATION: myofascial trigger points, Spurling's right positive.; RANGE OF MOTION OF NECK: range of motion reduced ;SHOULDER JOINT: Range of motion of shoulder is decreased. ;VERTEBRAL SPINE TENDERNESS: tenderness in paraspinal muscles; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. suspected disc disease; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bue 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.	
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	tenderness to palpation all along the posterior aspect of the arm up to trapezius range of motion is decreased for cervical flexion and axial rotation; This is a request for 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.; she does have trauma in her neck since she was rear ended and had whiplash her range of motion is a 5/10 she symptoms are sharp dull throbbing aching and burning. symptoms are worse with sitting bending and lying in bed numbness and tingling	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	the pain began 2 years ago pain is moderate with a rate 6/10 the symptoms are dull aching and shooting that are constant and is getting worse reaching overhead stiffness twisting moving and gripping lifting is painfull.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, 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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, 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	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/8/19; There has been treatment or conservative therapy.; severe neck pain radiating into the left shoulder; Nonsteriodal anti inflammatory medication, home exercises, steriod 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
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Severe neck pain radiating into the left shoulder; Patient has had 2 previous sugical procedures done on the shoulder. anti inflammatory medication, lifestyle modification, Neck exercises and heat/ice.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	UNABLE TO RAISE ARM ABOVE HEAD EVEN AFTER ATTENDING PHYICAL THERAPY. APPEARS TO HAVE NERVE ROOT COMPRESSION; This is a request for cervical 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 SYMPTOMS ARE WORSE AND NOW DEMOSTRATE NEREVE ROOT COMPRESSION. PLAIN FILMS SHOW SOME DEJENATIVE DISC BUT FORAMEN APPEARED OPEN. SHE CAN NOT REALLY RAISE HER ARM OVER HEAD EVEN AFTER PHYSICAL THERAPY; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal		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; Diffusion of c6, wrist flexor, paresthesia man, negative Hofmann's exam , found c5-c6 degenerative disease, limited range of motion, shoulder exam was normal; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine	1
Orthopedics	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	fracture.	

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; 06/26/2019; There has been treatment or conservative therapy.; weakness, pain in legs; home therapy, 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
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 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
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; 06/26/2019; There has been treatment or conservative therapy.; weakness, pain in legs; home therapy, 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; weakness, when walking, anatatellic gait; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	2
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	.Rt hip ,ankle ,knee ;New patient to my practice chief complaint of pain pretty much in the entire right lower extremity beginning at the foot and ankle extending to the medial knee up into the thigh into the buttock and thigh on the right. This pleasan; The study 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.; At hip ,ankle ,knee ;New patient to my practice chief complaint of pain pretty much in the entire right lower extremity beginning at the foot and ankle extending to the medial knee up into the thigh into the buttock and thigh on the right. This pleasan	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested 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: weakness in both legswhen bending, squatting, and standing; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Only and the	Sincernal	72148 Magnetic resonance (eg, proton) imaging, spinal canal		; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include	1
Orthopedics Orthopedics	Disapproval	and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	exercise, prescription medication and follow-up office visits. ; This study is being ordered for Congenital Anomaly.; 10 months ago; There has been treatment or conservative therapy.; Back pain, leg pain; PT, 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	8/1/19; Reviewed change in his presentation and clinical implications. Recommended Medrol Dosepak and MRI lumbar spine.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There is slight weakness of the left EHL and left ankle evertors.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	College football player with injury about a week ago with increasing stiffness and pain and difficulty mobilizing. Pain with extension of spine about 20 degrees, forward flexes to about a foot from the floor with his hands having increasing pain in his ba; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	James Dacus is a 72 y.o. male with continued right knee pain s/p total knee arthroplasty. ;main complaint today is that his low back is painful.unable to walk more than a block or two and then has to sit down to get relief. He complains of pain that sh; The study requested 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
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Jessie Langston is a 53 years old female from Flippin, AR. This patient is seen today for their intitial evaluation of low back pain and right hip pain. This patient was in the emergency room earlier this month complaining of pain soreness in her right; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Lumbosacral Spine Xrays:X-rays of the lumbar spine were normal.;Lumbar Spine Examination Brief Exam;;;Inspection: Local inspection shows no step-off or bruising. Lumbar alignment is normal. Sagittal and Coronal balance is neutral.;Palpation: Patient; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient is a right handed 53 year old female seen today for the low back. Pain is moderate with a rating of 8/10. She describes the symptoms as shooting. The symptoms are constant. Since the onset, she reports the problem is getting worse. The symptom; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI with gadolinium of the lumbar spine to rule out recurrent disc herniation or stenosis.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	no; This study is being ordered for trauma or injury.; 07/09/2019; There has been treatment or conservative therapy.; pain radiation to lower extremity, pain neck upper, back to left should. As well as to both buttocks, has been to PT and making pain worse and taking meds that are not helping.; P-Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT//MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	On physical examination, there is good range of motion of both hips knees and ankles. He has negative straight leg raises bilaterally. I do not really palpate good dorsalis pedis or posterior tib pulse in either foot. They are warm however with reasona; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; On physical examination, there is good range of motion of both hips knees and ankles. He has negative straight leg raises bilaterally. I do not really palpate good dorsalis pedis or posterior tib pulse in either foot. They are warm however with reasona; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has chronic low back pain as well as pain in the left side of the trapezial muscle. She had conservative treatment a year ago and has since had a child. She is finished breast feeding and would like to resume finding the root of her pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has done NSAID's and physical therapy for 4 weeks with no relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient having pain with activity. abnormal mri from 2015.; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	persistent pain, tried conservative tx has failed and recurrent severe sciatica.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	physical therapy 05/31/19-07/02/19 she has had 8 PT VISITS WITH PHYSICAL THERAPY ;;05/21/19 X-rays spine show multilevel degenerative changes. X-rays of the right foot show a displaced 5th metatarsal fracture. She will continue with her tall boot walk; The study 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;:The lumbar spine is normal in appearance, as well as the overlying skin. There is diffuse bony point tenderness. There is no tenderness over the SI joints. Range of motion is limited in flexion and extension with reproduction of pain. Seate	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pt has lbp for several mths, rt leg radiculopathy, eval for nerve root impingement; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has right radiculopathy at; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MUSCULOSKELETAL: On physical examination, there is pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine. There is pain to straight leg raising on the involved side, and to a lesser degree on the u; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1

Orthopedics	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	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This is a 59 year old female who is complaining of pain in the mid to lower back. The symptoms are made worse when lying in bed. She had physical therapy 2 years ago. Lower back pain goes around to the front. Patient had abdominal and pelvic U/S done whic; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Disapproval	72148 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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray; AP and lateral views of the lumbar spine show disc height narrowing L4-L5 and L5-S1 with anterior osteophytes L3, L4, and L5. No acute bony abnormalities or fractures. Visualized portion of the bilateral hips shows well-maintained femoral acetabu; The study 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; Range of Motion; Right lateral sidebending elicits right buttock pain, left lateral sidebending is painless.; Forward Flexion; Full with right buttock pain; Extension; Full extension with right buttock pain; extension is more painful than fle	1
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Xrays were ordered of the lumbar spine and show no fractures, sublaxations or other acute bony abnormal were identified. There is mild degenerative change with mild endplate spur formation and mild facet sclerosis at all levels. No erosive 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.; Patient is complaining of lower back pain. She has severe tingling, numbness and pain that radiates down the lateral aspect of her leg to the knee. Her gait is slightly weaker on that side.; The patient does not have new signs or symptoms of bladder or bowel dysfunction; it is not known if the patient has a new foot drop. There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
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.; 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
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.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation; List meds her Tylenol, alieve; The patient recevied medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Alysia M Thompson is a 30 y.o. female who presents today for ED f/u on MVA. See ED course below. Pt had been attending PT for chronic L shoulder pain and making progress until recent MVA caused acute on chronic pain. She was restrained driver without airb; This study is being ordered for trauma or injury.; October 2018; There has been treatment or conservative therapy.; Has been followed in my clinic for bilateral shoulder pain due to 7 more bursitis impingement that we treated conservatively with a steroid injection physical therapy. Patient temper response which is about 2 weeks and currently is complaining of pain of; Pt was seen by a chiropractor. She also received 40mg Depo-Medrol with 3cc of lidocaine w/out epinephrine under sterile conditions. She also received 40mg weeks of physical therapy from 07/09/19-08/19/19; 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	2

Orthopedics Orthopedics	Disapproval Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Left shoulder and elbow pain with radiculopathy, tingling and numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/2018; There has been treatment or conservative therapy.; Left shoulder and elbow pain, radiates to the fingertips. Entire extremity will go numb. Symptoms get worse when he tries to grab or hold on to something; Medication, home exercises, 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 pain; 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.	2
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 generalized tenderness pain with flexion over head , horizontal adduction and internal rotation; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	probably got at least a partial tearing of the rotator cuff present as there is superior migration of the humeral head- If it becomes severe and debilitating, he will call to consider MRI scan of the left shoulder to evaluate for tearing and potential rep; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient has had instruction in stretching exercise, anti-inflammatories, and resting the affected shoulder, treatments began June 2019; The patient received oral analgesics.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt c/o left shoulder pain. She heard a POP and we are trying to r/o a rotator cuff tear; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; The home treatment did include exercise, prescription medication and follow-up office visits.; home exercises from PCP for 3 months, didn't help; The patient received oral analgesics.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Right Shoulder pain and weakness for past 5 years. Exam and symptoms are consistent with Labral pathology with some Rotator Cuff Tear. MRI with arthrogram to take inventory of the shoulder.; The requested study is a Shoulder MRI; The pain is from an old injury; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;; The patient received oral analgesics.	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	She had a fall approximately 2 months ago. She has had progressively worsening right shoulder pain. X-rays reviewed showing severe AC joint degenerative changes no acute findings. Glenohumeral joint is well-maintained. She has significant rotator cuff; 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
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Supple passive range of motion but pain with passive range of motion and pain with active abduction and forward flexion. Positive impingement sign. Resisted rotator cuff maneuvers exacerbates her pain. Positive O'Brien's test.; This study is being ordered for trauma or injury.; May 2019; There has been treatment or conservative therapy, acute shoulder pain, felt a tearing/opping sensation in left shoulder acutely.; She does also report that she is somewhat getting worse with decreased range of motion and increased pain.; subsequently had oral and intramuscular steroids as well as muscle relaxers and NSAIDs without any lasting improvement. She does also report that she is somewhat getting worse with decreased range of motion and increased painive therapy here - or Type 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	2

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2/8/19; There has been treatment or conservative therapy.; severe neck pain radiating into the left shoulder; Nonsteriodal anti inflammatory medication, home exercises, steriod 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
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy; Severe neck pain radiating into the left shoulder; Patient has had 2 previous sugical procedures done on the shoulder. anti inflammatory medication, lifestyle modification, Neck exercises and heat/ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Will FAX; 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
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	OA and pt is sch for total knee replacement. ct needed for surgical planning using robot 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
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had a fracture of the left distal tib-fib in 2018. She had poor after care that resulted in a malunion. She has rocker bottom deformity with 20 degrees varus deformity. Hardware is palpable and very painful, possibly twisted. CT is required fo; This study is being ordered for trauma or injury.; May 2018; There has been treatment or conservative therapy.; Severe pain, swelling, significant varus deformity of the left distal tibia and ankle. Has to walk on the side of her foot; Patient had a fractured leg. Only therapy she could do was elevation 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	2
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Cambre McCullough is a 19-year-old African-American female referred by Dr. Christina Payne for evaluation of pain and discomfort in bilateral legs. She is a scholarship basketball player I believe for a small school up in Harrison, Arkansas in high schoo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Due to prolonged and painful course of symptoms, with no relief with rest, bracing, NSAIDs, will order MRI of R ankle to rule out any underlying osteochondral defects. RTC once MRI resulted. Surgery dependent on outcome of Right Ankle MRI; This is a request for an Ankle MRI; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) 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 suspected to have tarsal compartment syndrome, can barely walk, has swelling, tenderness that is worse with flexion,; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or oseteomylitis, tendonitis, neuroma or plantar fasciitis.	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PLEASE REFER TO ATTACHED CLINICAL RECORDS; This study is 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 REFER TO ATTACHED CLININCAL RECORDS; It is not known if there has been any treatment or conservative therapy.; PLEASE REFER TO ATTACHED CLININCAL RECORDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for 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
				This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an	
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	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 Orthopedics.	1

		73720 Magnetic resonance (eg, proton) imaging, lower		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an	
		extremity other than joint; without contrast material(s),		indication for knee imaging; 'None of the above' were noted on the physical examination; The	1
Orthopedics	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	ordering MDs specialty is Orthopedics.	1
Orthopeuics	Disapprovai	73720 Magnetic resonance (eg, proton) imaging, lower	Radiology Services Deflied Not Medically Necessary	ordering with specialty is orthopedics.	
		extremity other than joint; without contrast material(s),		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.;	1
Orthopedics	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	'None of the above' were noted as an indication for knee imaging.	
		73720 Magnetic resonance (eg, proton) imaging, lower		, i i	
		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	3
Orthopedics	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	ordered for Suspected meniscus, tendon, or ligament injury	
				This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor	
				or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a	
		73720 Magnetic resonance (eg, proton) imaging, lower		suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture	1
		extremity other than joint; without contrast material(s),		which does not show healing (non-union fracture).; This is not a pre-operative study for planned	
Orthopedics	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Surgery.	
				This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a	
		73720 Magnetic resonance (eg, proton) imaging, lower		suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture	2
		extremity other than joint; without contrast material(s),		which does not show healing (non-union fracture).; This is not a pre-operative study for planned	-
Orthopedics	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	surgery.	
			,		
				Two injections with the last being 4 months ago and no relief. Very tender over plantar origin and	
				decreased range of motion due to pain, would like to MRI foot top evaluate for tear.; This is a	
		73720 Magnetic resonance (eg, proton) imaging, lower		request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for	1
		extremity other than joint; without contrast material(s),		plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with	
Orthopedics	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	anti-inflammatory medication for at least 6 weeks.	
		73720 Magnetic resonance (eg, proton) imaging, lower		will upload clinicals; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the	
		extremity other than joint; without contrast material(s),		next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament	1
Orthopedics	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	injury.	
				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.; Surgery or arthrscopy is not	
		73721 Magnetic resonance (eg, proton) imaging, any joint of		scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-	1
Orthopedics	Disapproval	lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	ray.	
or mopeans	Бізарріотаі	over externity, wender contract material	nadiology services befined the medically recessary	101.	
		93307 Echocardiography, transthoracic, real-time with image		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The	
		documentation (2D), includes M-mode recording, when		member is 11 or older.; This study is being ordered for pre-operative evaluation.; The ordering	1
		performed, complete, without spectral or color Doppler		provider is NOT a Cardiac Surgeon, Cardiologist, Thoracic Surgeon or Hematologist/Oncologist; This	
Orthopedics	Disapproval	echocardiography	Radiology Services Denied Not Medically Necessary	study is being ordered for none of the above or don't know.	
				; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology	
		78451 Myocardial perfusion imaging, tomographic (SPECT)		Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including	
		(including attenuation correction, qualitative or quantitative		chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina"	1
		wall motion, ejection fraction by first pass or gated technique,		or substernal chest pain that is worse or comes on as a result of physical exertion or emotional	
0	A	additional quantification, when performed); single study, at rest		stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; It	
Osteopath	Approval	or stress (exercise or pharmacologic) 93307 Echocardiography, transthoracic, real-time with image		is unknown if there is a physical restriction to the member's ability to exercise This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when		study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a	
		performed, complete, without spectral or color Doppler		murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a	1
Osteopath	Approval	echocardiography		suspicion of structural heart disease.	
		93307 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
		performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of	1
Osteopath	Approval	echocardiography		hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	
		93350 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There	
		performed, during rest and cardiovascular stress test using		are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear	1
Octoonath	A ======1	treadmill, bicycle exercise and/or pharmacologically induced		stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac	
Osteopath Other	Approval	stress, with interpretation and report;		study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1
Otilef	Approval	70450 Computed tomography, head or brain; without contrast			1
				This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the	
				ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not	
				had a recent abnormal brain CT or MRI.; There are not neurological symptoms of one-sided hearing	
				loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided	1
					1
		70480 Computed tomography, orbit, sella, or posterior fossa or		loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided	1
Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.;	1

Other	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
Other	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
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 had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Other	Approval	71250 Computed tomography, thorax; without contrast material	Concern for a spiculated pulmonary nodule in the mid right lung.;Consider further evaluation with chest CT.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; The spatient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months; Yes this is a request for a Diagnostic CT	1
Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Other	Approval	72125 Computed tomography, cervical spine; without contrast material	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Other	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
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	presents with continued pain at the left upper back which she was seen at CCC 7/8/19 where she received medrol dose pack and Flexeril. Reports only mild improvement of sx for a few days but discomfort has increased. Describes a burning type pain down left; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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
Other	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; This study is being ordered for trauma or injury.; 08/16/2012; There has been treatment or conservative therapy.; CHRONIC BACK PAIN, DEGENERATIVE DISC DISEASE, NEUROPATHY; Physical Therapy, steriods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal	Thousand Satisficially Suitable of Indulation	1
Other	Approval	and contents, thoracic; without contrast material		

Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Thoracic Spine MRI was not performed within the past two weeks.	1
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Unknown; This study is being ordered for trauma or injury; 08/16/2012; There has been treatment or conservative therapy.; CHRONIC BACK PAIN, DEGENERATIVE DISC DISEASE, NEUROPATHY; Physical Therapy, steriods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	patient pain 8/10pain is radiating lower bilateral hip over the lower right extremitypatient on medications for 6wks Nsaids, injections in the past-2019numbness lower extremitydifficult standing doctor is ordering MRI-gave other medication for pain,; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient complaint; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The pain is aching and throbbing and all day, and the patient rates the pain 8/10.The pain radiates to BLE. The pt is experiencing tingling in BLE with numbness and tingling at feet/toes. 80% at low back, 20% at BLE. Pain is better with: rest. Pain is wo; The study requested is a Lumbar Spine MRIL; 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
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; 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
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Unknown; This study is being ordered for trauma or injury.; 08/16/2012; There has been treatment or conservative therapy.; CHRONIC BACK PAIN, DEGENERATIVE DISC DISEASE, NEUROPATHY; Physical Therapy, steriods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	2-3 centimeter cyst on vaginal wall almost at uretha meter that is signicant to palpation; This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1

Other	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
Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1
Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint; The patient has a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1
		73706 Computed tomographic angiography, lower extremity,		
Other	Approval	with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	2
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Pt has Possible osteomyelitis	2
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	deformed foot; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1
		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 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	1
Other	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	weeks. This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of	
		extremity other than joint; without contrast material(s),	tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a	1
Other	Approval	followed by contrast material(s) and further sequences 73721 Magnetic resonance (eg, proton) imaging, any joint of	suspicion of an infection.; The patient is taking antibiotics. 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 arthrscopy is scheduled	1
Other	Approval	lower extremity; without contrast material	in the next 4 weeks.	
		73725 Magnetic resonance angiography, lower extremity, with	Michael F Skoczylas is a pleasant 71 y.o. year-old male who is being seen in the CVT surgery clinic for follow up PVD. Mr. Skoczylas has known tobacco use, lupus, status post amputation of right second toe, PVD, hypertension, mood disorder, GERD, COPD, hy; Is this a request for one of the following?	1
Other	Approval	or without contrast material(s) 74176 Computed tomography, abdomen and pelvis; without	MR Angiogram lower extremity	
Other	Approval	contrast material		1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Left lower mid abdomen pain radiating down the leg. Pt also has diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
ou.c.	Approval	contrast material	requestion a plughiosite of	

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not 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); Splenic artery aneurism	1
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3
		74176 Computed tomography, abdomen and pelvis; without		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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	1
Other	Approval	contrast material 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		endoscopy; Yes this is a request for a Diagnostic CT 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	1
Other	Approval	additional quantitative processing 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		previous MUGA scan.;	2
Other	Approval Approval	performed, complete, without spectral or color Doppler 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 another reason; The reason for ordering this study is unknown.	1
Other	Approval	performed, complete, without spectral or color boppier 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.; The ordering provider is NOT a Cardiac Surgeon, Cardiologist, Thoracic Surgeon or Hematologist/Oncologist	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This 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
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 between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Other than listed above best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.	1
Other	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 Heart Failure. This is for the initial evaluation of heart failure.	1
Other	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		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
Other	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		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.	1
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g 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.	1
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g 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.; 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	1
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Other	Diagram !	72141 Magnetic resonance (eg, proton) imaging, spinal canal		; This study is 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	1
Other	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Oncology	

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; The patient has a new onset or changing radiculitis / radiculopathy	1
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72146 Magnetic resonance (eg, proton) imaging, spinal canal	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. ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Other	Disapproval	and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI.	2
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 06/19/2019; There has been treatment or conservative therapy,; back pain; heat ice therapy muscle relaxers PT Pain management at another facility 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	1
Other	Disapproval	and contents, thoracic; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal	Radiology Services Denied Not Medically Necessary	Radiation Oncology ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	
Other	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unlisted CT/MRI.	2
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;;	1
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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ;There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
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 6 weeks of completed conservative care in the past 6 months or had a spine injection	6
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/19/2019; There has been treatment or conservative therapy; back pain; heat ice therapy muscle relaxers PT Pain management at another facility 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
Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 arthrscopy is not scheduled in the next 4 weeks.	1
		73720 Magnetic resonance (eg, proton) imaging, lower		Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; The	
		extremity other than joint; without contrast material(s),		study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a	1
Other	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	mass.	

		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest		This study is being ordered for Vascular Disease, 10/16/2017; There has not been any treatment or conservative therapy.; CAD, htn, chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	1
Other	Disapproval	or stress (exercise or pharmacologic) 93307 Echocardiography, transthoracic, real-time with image	Radiology Services Denied Not Medically Necessary	Radiation Oncology	
		documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The	2
Other	Disapproval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not Medically Necessary	member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF) 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	1
Other	Disapproval	performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	is being ordered for none of the above or don't know.	
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; 10/16/2017; There has not been any treatment or conservative therapy.; CAD, htn, chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	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 hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
		70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a	1
Otolaryngology	Approval	material 70480 Computed tomography, orbit, sella, or posterior fossa or		headache.; This study is being ordered for infection or inflammation.	_
Otolaryngology	Approval	outer, middle, or inner ear; without contrast material			1
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"	1
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	12
Otolaryngology Otolaryngology	Approval Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material		Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Congenatial had this since she was 5 or 6 years old patient is 48; There has not been any treatment or conservative therapy; Hearing loss, Ruptured ear drum, dizziness, ear pain, tinnitus, recurring ear infection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology "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
C tolal y ligology	Арргочи	contrast material		dudina of injury.rec , res and is a requestion a biognostic er	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct", "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1
Color, Figures	другочаг	70486 Computed tomography, maxillofacial area; without		"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	1
Otolaryngology	Approval	contrast material		request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2
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

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	2
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 Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	4
		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
Otolaryngology	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material	Acute recurrent sinusitis, unspecified DefaultType J34.2 Deviated nasal septum DefaultType r09.81 Nasal congestion DefaultType R09.82 Postnasal drip; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	bad smell in nose; facial pain; over 8 weeks of decongestants; puss from nose; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Chronic pansinusitis; just over a 6-week history of upper respiratory-type infection with productive cough, coughing stuff up from his throat, congestion in his chest, rattly voice. He says he has this happen about once per year, usually in the winterti; This study is being ordered for sinusitis; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	chronic recurrent sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	continuous sinus infection since July 2018 and her last one was June 2019. She has been treated with Ceftin, Rocephin and Amoxicillin. She complains of PPP, PND, nasal congestion and headaches. She denies a nasal preference and she says she may have ha; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	developed a flulike illness last September and since then has had consistent problems with sinusitis symptoms including facial pressure more on the left than the right and purulent drainage anteriorly and posteriorly from the left nasal cavity. She states; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Doctor is ordering this Nasal Polupyps; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	extensive purulence throughout the nose, the right inferior meatus was cultured. Significant edema in the right middle meatus; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	INFO GIVEN IN RATIONAL FOR CASE; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1

Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Jaw pain and swelling, swollen turnbinats, History of TMJ pain and arthritis; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	on a total of 6 rounds of anti biotics this year without improvement of symptoms; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient has double vision, history of nasal polyps; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	patient has had 7 rounds of oral antibiotics this year with 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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Patient reports chronic sinusitis with 5-10 infections a year for about 7 years. Her infections have been more frequent since starting Enbrel. She recently finished Z-pak and prednisone 1 1/2 weeks ago. She has bilateral maxillary and frontal pain/pressur; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Please see patients clincals; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	PT HAS PROBLEMS WITH CHRONIC SINUS DRAINAGE AND COUGH. HAS NOT RESPONDED TO DUAL AGENT REFLUX REGIMEN NORR HER ANTIBIOTICS FOR A NASAL STAPH INFECTION.HAS THICK BAD TASTING PHLEGM, WHEN LYING ON HER RIGHT SIDE FEELS; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Pt is continuing to have sinus infections with pressure, nasal congestion, headaches and purulent drainage. Over past 6 months she has been on 4 rounds of abxs and steroids, including Augmentin, Amox and Bactrim. She has been on Singulair and Mucinex too.; This study is being ordered for sinusitis; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	She reports that she feels congested, dry and hacky cough, and that her sense of smell has decreased over the last 3-5 years. She denies feeling post-nasal drainage, dysphagia, and globus sensation. She currently takes lisinopril and has for about 3 year; This study is being ordered for sinusitis; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	sinusitis-4 months antibiotics/shots with cont sinus symptoms/pressure/headaches. Symptoms are worsening despite treatment; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	suspect CSF leak right; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	The patient is a 49 year old 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 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
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	The patient is a 67 year old male who reports having pain along left lower jaw that started in June. He reports having tinnitus on left that increases in intensity he states if he presses on left teeth. He was seen by Dr. Matthews who recommended patient; 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

			This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-	1
		70486 Computed tomography, maxillofacial area; without	compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute	1
Otolaryngology	Approval	contrast material	Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	
		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	2
Otolaryngology	Approval	contrast material 70486 Computed tomography, maxillofacial area; without	this is a request for a Diagnostic CT This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a	
Otolaryngology	Approval	contrast material	request for a Diagnostic CT	1
Otolalyngology	Approvai	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	
Otolaryngology	Approval	contrast material	a request for a Diagnostic CT	17
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without		1
			Enter answer here - or Type In Unknown If No Info Given. > patient had leg swelling, shortness of	
			breath, chest pains.; 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	1
		70490 Computed tomography, soft tissue neck; without	been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a	
Otolaryngology	Approval	contrast material	request for a Diagnostic CT	
			Enter answer here - or Type In Unknown If No Info Given. This is a request for neck soft tissue CT.;	
		70490 Computed tomography, soft tissue neck; without	The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is	1
Otolaryngology	Approval	contrast material	larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	
			Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a	
			metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a	
			Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	1
		70490 Computed tomography, soft tissue neck; without	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
Otolaryngology	Approval	contrast material	Oncology	
			; 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	2
Otalaninaslani	AI	70490 Computed tomography, soft tissue neck; without contrast material	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	
Otolaryngology	Approval	contrast material	is a request for a Diagnostic CT	
			; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The	
		70490 Computed tomography, soft tissue neck; without	patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger	1
Otolaryngology	Approval	contrast material	than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	
			48yo female presents with an 8 month history of severe right otalgia that radiates to the right neck	
			along the SCM. Patient states that this otalgia has not increased or decreased in severity since its	
			presentation. It is also associated with some moderat; This is a request for neck soft tissue CT.;	1
		70490 Computed tomography, soft tissue neck; without	Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.;	
Otolaryngology	Approval	contrast material	Yes this is a request for a Diagnostic CT Dannie G Odle is a 83 y.o. male here for initial evaluation. He has had two episodes where he had	
			the sensation that something was in his throat. Each episode lasted about 2 weeks. He was able to	
			swallow, but it was difficult; 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	1
		70490 Computed tomography, soft tissue neck; without	neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic	
Otolaryngology	Approval	contrast material	ст	
			Has had parotid swelling on neck, difficulty swallowing, etc. A parotid nodule noted on MRI done on	
			06/26/2019. Would like to compare a CT of the neck to that MRI now.; This is a request for neck soft	1
Otalia and a		70490 Computed tomography, soft tissue neck; without	tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes	
Otolaryngology	Approval	contrast material	this is a request for a Diagnostic CT	
			He comes per Dr. Weingold for right lateral cheek leasion. He states that it has been there for a	
			while. He denies a change in color, size, shape, or texture. He denies pain. Patient reports that	
			Dr. Weingold has done a biopsy of the lesion which showed nod; This is a request for neck soft tissue	1
		70490 Computed tomography, soft tissue neck; without	CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or	
Otolaryngology	Approval	contrast material	abscess.; Yes this is a request for a Diagnostic CT	
			here today for evaluation of primary hyperparathyroidism. This very nice lady has had elevated	
			calcium for a long period of time and is followed by Dr. Hawkins, Endocrinology, in Fayetteville, but	1
		70490 Computed tomography, soft tissue neck; without	also has been seen by Dr. Joshi as well. She has had ele; 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	
Otolaryngology	Approval	contrast material	evaluation.; Yes this is a request for a Diagnostic CT	
	pp.o.to.			
			Lymph Nodes : Approximately 2 cm lymph node in the left posterior neck, soft and mobile. No	
			surrounding lesions. ;Oropharynx : 3+ tonsillar hypertrophy, but the tonsils look symmetric with no	1
			obvious neoplastic lesions. ;She has had the following previo; This is a request for neck soft tissue	-
		70490 Computed tomography, soft tissue neck; without	CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is	
Otolaryngology	Approval	contrast material	larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	

Agricult Statistics of Statist	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Ms. Winters comes in today for recheck on her thyroid ultrasound. This is an 11-month followup. She has a 1-cm nodule in her left lobe medially. Otherwise, the gland is normal in size. This is unchanged from 11 months ago. ;;She does have some othe; 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
Today Compated compagaby, self-tissue neck, without the part of the patent has a request for rock and tissue CT. The patent has a real house in a request for self-control tissue CT. The patent has a real house in the patent has a real house in the patent has a real house from a real house in the patent has a real house of the patent has a real house in the patent has a real house of the patent has a real house in the patent has a real house of the patent has a real has a real house of the patent has a real has a real house of the patent has a real hous	Otolaryngology	Approval		ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	1
protein in color with when desconations long the anterior edge. The leath began seeding 2 days ago accompanded by ages, the early in the contractive of Time is a required for expert for easy of times. Cf. 1 Surgery in Diff. Schoolided within the med. 20 days, The patient has a supplicious infection or absence, a visit or a frequency of the contractive o	Otolaryngology	Approval		mobile non tender.; 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
Nationary prology Approval Contract maternal Approval App	Otolaryngology	Approval		pinkish in color with white discoloration along the anterior edge. The lesion began swelling 2 days ago accompanied by pain. She says it has continue to g; 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.;	1
This is a require for neck soft issue CT. The study is being ordered for follow Up. The gathert has a stoom tumor or mediastics in the neck. The patient has a Vot completed course of chemical part of the patient has a stoom tumor or mediastics in the neck. The study is being ordered acourse of chemical part or addition through within the part 90 days. There are new or change symptoms in the neck. Yes Todayngology Approval This is a required for neck off tissue CT. The study is being ordered for finish Springs, The patient has a known tumor or mediastics in the neck. Yes Approval This is a required for neck off tissue CT. The study is being ordered for finish Springs, The patient has a known tumor or mediastics in the neck. Yes Approval This is a required for neck off tissue CT. The study is being ordered for finish Springs, The patient has a known tumor or mediastics in the neck. Yes Approval This is a required for neck off tissue CT. The study is being ordered for finish Springs, The patient has neck time or mass. The resident patient of the submanifolds report, This is a required for neck off tissue CT. The patient has neck time or mass. There is a papielle reck mass or a papielle			70490 Computed tomography, soft tissue neck; without	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient	2
70490 Computed tomography, soft tissue neck; without that show the standard of the study is being ordered for Initial Staging; The patient bas a known tumor or metastasis in the neck; the tiss a request for a Diagnostic CT Utrasourd show that care; The patient has not with more or metastasis in the neck; the tiss a request for neck soft tissue CT, The patient has NOT been diagnosed with care; The patient has not with more or metastasis in the neck; the size of the submandibular regions; This is a request for neck soft tissue CT, The patient has NOT been diagnosed with care; The patient has a neck lump or mass; There is a palpable neck mass or 1 lump. The neck mass is larger than 1 cm., A fine needle septrate was done, Yes this is a request for a Diagnostic CT Uniforway. This is a request for neck soft tissue CT, The patient has not contrast material Diagnostic CT Uniforway. This is a request for neck soft tissue CT, The patient has not contrast material Diagnostic CT Uniforway. This is a request for neck soft tissue CT, The patient has neck lump or mass; There is a palpable neck mass or I mump. The neck mass is larger than 1 cm., A fine needle aspirate was MOT a palpable neck mass or I mump. The neck mass is larger than 1 cm., A fine needle aspirate was MOT done, Yes this is a request for neck soft tissue CT. The patient has a neck lump or mass; There is a palpable neck mass or I mump. The neck mass is larger than 1 cm., A fine needle aspirate was MOT done, Yes this is a request for a Diagnostic CT uniform than 1 cm., A fine needle aspirate was MOT and the needle separate	Otolaryngology		70490 Computed tomography, soft tissue neck; without	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	1
Ultrasounds shows right thyroid 2.0 cm nodule and 1.7 cm left. Pt of a several months are throat and mass of the submandibilitue rights. This is a reguest for neck soft issue CT. The patient has a not a lump; The neck mass is larger than 1 cm. A fine needle aspirate was only: "Exhibition of the submandibilities of th	Otolaryngology	Арргочаг			3
mass of the submandibular regions. This is a request for neck soft tissue (T., The patient has NOT been diagnosed with cancer.) The patient has an exh. Impor a mass.; There is a palaple neck mass of a lump, The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a bignostic CT 70490 Computed tomography, soft tissue neck; without 70490 Computed tomography, soft tissue neck; without tomography, soft tissue neck; without neck soft tissue tomography, soft tissue neck soft tissue tomography, soft soft tissue tomography, soft tissue neck without neck soft tissue tomography, soft tissue neck soft tissue tomography, soft soft tissue tomogr	Otolaryngology	Approval	contrast material		
Diclaryngology Approval contrast material 270490 Computed tomography, soft tissue neck; without necks; without 270490 Computed tomography, soft tissue neck; without necks; without save and some soft and	Otolaryngology	Annroyal		been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a	1
70490 Computed tomography, soft tissue neck; without contrast material Approval Appr			70490 Computed tomography, soft tissue neck; without	Unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a paipable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT	1
Approval contrast material Aproval contrast material Aproval Contrast material Contr	Otolaryngology	Approval	contrast material	done.; Yes this is a request for a Diagnostic CT	
metastatic disease; There are 3 exams are being ordered; one of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Enter answer here - or Type in Unknown if No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular 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 Approval and/or neck; without contrast material(s) Approval and/or neck; without contrast material(s) Total Magnetic resonance (eg. proton) imaging, orbit, face, ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Total Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material Total Approval brain stem; brain and including brain stem); without contrast material Total Approval brain stem; brain and including brain stem)	Otolaryngology	Approval		NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Onco	Otolaryngology	Approval		metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1
Enter answer here - or Type In Unknown if No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why 1 this study is being ordered. Approval brain stem); without contrast material left facial nerve has been weak, left sided hearing loss and dizziness, asymmetric smile, sometimes feel lightheaded.; This request is for a Brain MRI; The study is being requested for evaluation of a 70551 Magnetic resonance (eg., proton) imaging, brain (including headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap brain stem); without contrast material headache. 70551 Magnetic resonance (eg., proton) imaging, brain (including headache.) This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or				Enter answer here - or Type In Unknown if No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown if No Info Given It is not known if 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	1
Approval brain stem); without contrast material this study is being ordered. left facial nerve has been weak, left sided hearing loss and dizziness, asymmetric smile, sometimes feel lightheaded; 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 brain stem); without contrast material headache. 70551 Magnetic resonance (eg, proton) imaging, brain (including headache.) 70551 Magnetic resonance (eg, proton) imaging, brain (including headache.) This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or	Otolaryngology	Approval		Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study	1
70551 Magnetic resonance (eg, proton) imaging, brain (including headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap brain stem); without contrast material headache. 70551 Magnetic resonance (eg, proton) imaging, brain (including headache. 70551 Magnetic resonance (eg, proton) imaging, brain (including his a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or	Otolaryngology	Approval	, , , , , ,	this study is being ordered.	
	Otolaryngology	Approval	brain stem); without contrast material	headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
	Otolaryngology	Approval			13

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	2
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including	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	1
Otolaryngology	Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including	this test. 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	2
Otolaryngology	Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including	abnormal.; It is unknown why this study is being ordered. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This	1
Otolaryngology	Approval	brain stem); without contrast material	study is being ordered for a tumor.	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		71250 Computed tomography, thorax; without contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Otolaryngology	Approval	material 71250 Computed tomography, thorax; without contrast	Unlisted CT/MRI. A Chest/Thorax CT is being ordered ; This study is being ordered for known tumor.; Yes this is a	
Otolaryngology	Approval	material	request for a Diagnostic CT male with a persistent cough and a history of lymphoma. There is nothing worrisome on exam today	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	but will order CT of chest.; A Chest.; A Chest.; Being ordered; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	r/o mets; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	78813 Positron emission tomography (PET) imaging; whole body	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	BIOPSY CAME BACK MALIGNANT; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for Mone 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
Otolaryngology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is 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
		70480 Computed tomography, orbit, sella, or posterior fossa or		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is	1
Otolaryngology	Disapproval	outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	
Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/26/2019; It is not known if there has been any treatment or conservative therapy; worsening hearing loss R side and ear drainage; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	comes in for a chief complaint of ear pain located in the right ear. The patient is referred by Dr. Patrick Fox. The patient is referred by Dr. Patrick Fox, who requested a consult for evaluation of ear pain. She has ear pain that is throbbing which has r; This study is being ordered for Inflammatory/ Infectious Disease; comes in for a chief complaint of sinus problems noticed in both sides of the face. She has associated post-nasal drip and facial pressure (bilateral brow and bilateral malar), but no hyposmia. She has had the following treatment(s) in the past: antibioti; There has been treatment or conservative therapy.; FACIAL PRESSURE AND PAIN, HEADACHES, ITCHY FOSE, WHITE, GREEN, YELLOW THICK MUCUS, EAR PAIN, EAR POPPING, LOSS OF HEARING, LOSS OF SMELL; ANTIBIOTICS(3), STEROIDS (2), NASAL SALINE RINSE, FLONASE, ALLERGY MEDICATION.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Congenatial had this since she was 5 or 6 years old patient is 48; There has not been any treatment or conservative therapy.; Hearing loss, Ruptured ear drum, dizziness, ear pain, tinnitus, recurring ear infection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1

Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	comes in for a chief complaint of ear pain located in the right ear. The patient is referred by Dr. Patrick Fox. The patient is referred by Dr. Patrick Fox, who requested a consult for evaluation of ear pain. She has ear pain that is throbbing which has r; This study is being ordered for Inflammatory/ Infectious Disease; comes in for a chief complaint of sinus problems noticed in both sides of the face. She has associated post-nasal drip and facial pressure (bilateral brow and bilateral malar), but no hyposmia. She has had the following treatment(s) in the past: antibioti; There has been treatment or conservative therapy; FACIAL PRESSURE AND PAIN, HEADACHES, ITCHY EYES, ITCHY NOSE, WHITE, GREEN, YELLOW THICK MUCUS, EAR PAIN, EAR POPPING, LOSS OF HEARING, LOSS OF SMELL; ANTIBIOTICS(3), STEROIDS (2), NASAL SALINE RINSE, FLONASE, ALLERGY MEDICATION.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	He has been on 3 rounds of antibiotics, Continuous treatment with Saline nasal sprays, steroid nasal sprays, and Antihistamines for over the past 3 months.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Nasal polyps visible.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	please see clinicals. checking ct scan to make sure no infection lingering in case no response to tx; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune- compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS PROBLEMS WITH CHRONIC SINUS DRAINAGE AND COUGH. HAS NOT RESPONDED TO DUAL AGENT REFLUX REGIMEN NORR HER ANTIBIOTICS FOR A MASAL STAPH INFECTION.HAS THICK BAD TASTING PHLEGM, WHEN LYING ON HER RIGHT SIDE FEELS THERE IS SOMETHING STICKING HER THROAT.; This study is being ordered for sinusitis; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is complaining of sinusitis, facial swelling and dizziness.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Pt reports she has history of at least 2-3 sinus infections yearly all requiring oral antibiotics. Her sinus infections include purulent nasal/sinus drainage/congestion, facial/sinus pain/pressure, scratchy throat, ear pain and fullness. Sinus symptoms ar; This study is being ordered for sinusitis.; This is a request for a Sinus CT; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	sinonasal polyps no obstruction; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	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
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1

Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	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.; The lump did not get smaller.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	BIOPSY CAME BACK MALIGNANT; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Dr would like a Neck CT done to see if we can determine what is causing the facial swelling and pain.; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	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
Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Primary symptoms:: Date of initial onset:: as a child has had 10-14 surgeries, last surgery at age 12 yrs. she is now having issues w swelling and thicking at site also pain and skin turning darker at site, etc having pain and having headaches as well; This study is being ordered for Congenital Anomaly.; as a child has had 10-14 surgeries, last surgery at age 12 yrs. she is now having issues w swelling and thicking at site also pain and skin turning darker at site, etc; There has been treatment or conservative therapy.; Date of initial onset:: as a child has had 10-14 surgeries, last surgery at age 12 yrs. she is now having issues w swelling and thicking at site also pain and skin turning darker at site, etc; thereigh and having headaches as well; she is currently on abx therapy for the redness, swelling, but still having pain and having headaches as well; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI,; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3
Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Otolaryngology	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury. This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection. The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast			1
Pediatrics	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 Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3		1
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3	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 There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

		70551 Magnetic resonance (eg, proton) imaging, brain (includin		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	1
Pediatrics	Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including		member. Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan,	
Pediatrics	Approval	brain stem); without contrast material		or Unlisted CT/MRI.	1
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			1
Pediatrics	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 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; 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
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; 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
Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; 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
		70540 Magnetic resonance (eg, proton) imaging, orbit, face,		Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan,	1
Pediatrics	Disapproval	and/or neck; without contrast material(s) 70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	or Unlisted CT/MRI. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have	-
Pediatrics	Disapproval	brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	requested this test.	1
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; 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
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1
Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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
Dadieteiee		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Dadisland Comisson Desired Net Mediculty Newscool	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The	1
Pediatrics	Disapproval	followed by contrast material(s) and further sequences 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	ordering MDs specialty is NOT Orthopedics. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider is NOT a Cardiac Surgeon, Cardiologist, Thoracic Surgeon or Hematologist/Oncologist; This study is being ordered for Chest pain of suspected cardiac	1
Pediatrics	Disapproval	echocardiography 72131 Computed tomography, lumbar spine; without contrast	Radiology Services Denied Not Medically Necessary	etiology This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or	1
Physical Medicine	Approval	material 72141 Magnetic resonance (eg, proton) imaging, spinal canal		lumbar injury; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; ; There has been treatment or conservative therapy;;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1
Physical Medicine Physical Medicine	Approval Approval	and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Oncology This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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
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?	3
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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 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
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has severe low back pain with radiculopathy. Degeneration of lumbar intervertebral disc. Possible mbb vs right SI joint injections. Patient currently taking Tramadol and Flexeril. Added Prednisone 10mg.; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have new as even for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks or 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
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient reports weakness and bowel/bladder changes;;Neurological System;Reflexes Right patellar reflex normal, Right medial hamstrings normal, Left medial hamstrings normal, Right achilles reflex depressed, Left patellar reflex depressed, Left achilles; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; knee extension quadriceps 4/5;;sk their more recent onset of radicular leg pain and weakness represents an abrupt change in neurologic status, likely representative of acute radiculopathy with clinical concern for intervertebral disc herniation, I will; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.	1
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	13
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	left hip pain with limited ROM / Femoral Acetabular Impingement. ;Pain-limited motor exam on the left lower extremity. Multilevel bilateral radiculitis ;Associated bowe incontinence Bilateral acetabular sclerosis with mild loss of joint space. Left hip; 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
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Axial/mechanical neck pain with left C6-7 radiculitis, ;left C2-3 facet joint pain. C-Spine AP/LAT/OBLQ at OA reviewed: Mild lateral bend to the left. Preserved disc space. ;Given their failure of extensive prior conservative management techniques, I wij. 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
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Davis presents with longstanding "sharp, stabbing" left neck pain with radiation into left arm, aggravated with most activities listed on his patient intake form; alleviated with ice, positional change, rest, nerve pain medications, and pain medicatio; This study is 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.; Sharp stabbing Neck and left shoulder/arm pain.;Left shoulder abduction 2;Spurling's positive; 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
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PMH: Anxiety, Depression, Asthma. ;Axial neck pain with Left C6-7 radiculopathy. Left triceps weakness. ;Recalcitrant to Gabapentin 400 mg tid, Tizanidine, Tramadol, Cymbalta, physical therapy, chiropractor, oral steroids. 02/12/19: C-Spine AP/LAT impor; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Motor Strength on the left: Left wrist extension 4; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Spurling's positive, tenderness to palpation of the paracervicals, poor memory, weakness, Decreased lordosis. Minimal loss of disc height and spondylosis, As their more recent onset of radicular arm pain and weakness represents an abrupt change in neurol; This is a request for 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
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports weakness but reports no bowel/bladder changes, no fever/chills, no falls, and no need for assistive devices due to this problem. He reports several years. He reports Constantly. He reports Average pain level over the last week 7/10. He rep; The study requested is a Lumbar Spine MRIL; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or syntoms; The patient has had back pain for over 4 weeks; The patient 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
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PMH: NoneAxial/mechanical low back pain.;No focal neuromotor deficits.;Recalcitrant to physical therapy, NSAIDs, muscle relaxants.;;;;;low back pain;07/12/19 L-Spine AP/LAT/OBLQ at OA: Preserved disc height. Minimal spondylosis. Possible right; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms;; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Straight leg raise test positive, Slump test (seated straight leg raise) positive.L-Spine AP/LAT at OA: Severe spondylosis. L4-5, L5-S1 severe degenerative disc disease. Due to the severity symptoms, patient cannot tolerate physical therapy at this time; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Physical Medicine Physical Medicine	Disapproval Disapproval		Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Severe spondylosis. L4-5, L5-S1 severe degenerative disc disease. Due to the severity symptoms, patient cannot tolerate physical therapy at this time; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray	1

Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Mr. Davis presents with longstanding "sharp, stabbing" left neck pain with radiation into left arm, aggravated with most activities listed on his patient intake form; alleviated with ice, positional change, rest, nerve pain medications, and pain medicatio; This study is 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.; Sharp stabbing Neck and left shoulder/arm pain.;Left shoulder abduction 2;Spurling's positive; 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
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Plastic Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	
Plastic Surgery	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	1
Plastic Surgery	Арргоча	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if		res, unists a request for CF Angrography of the upper extremity.	1
Plastic Surgery	Approval	performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	
Plastic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Plastic 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 genetric testing or a suspected implant rupture.	1
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for 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
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is 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	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma; A biopsy has NOT been completed.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Enter answer here - or Type In Unknown If No Info Given. This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for 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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Enter answer here - or Type In Unknown if No Info Given. This is a request for 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
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		73720 Magnetic resonance (eg, proton) imaging, lower	; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
Podiatry	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in his left foot. Pt has flat feet and mentions pain with weightbearing. He stepped on something and heard a pop two years ago and he's had pain since then. He; This study is being ordered for trauma or injury.; History of Present Illness: Subjective: Patient presents to clinic this day complaining of pain in his left foot. Pt has flat feet and mentions pain with weightbearing. He stepped on something and heard a pop two years ago and he's had pain since then. He; There has been treatment or conservative therapy.; Pain; AJ DJD/ instability; possible fracture navicular; He has tried NSAIDs, PT, bracing, shoe modifications and has gone to a chiropractor without relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	History of Present Illness: Subjective: Patient presents to clinic this day following up for pain and swelling in her feet and pain in her great toes. Pt had 100.4 fever last weekend, which is high for her. She says the left great toenail is still botheri; 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	1
Podiatry Podiatry	Approval Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	confirming infection, inflammation and or aseptic necrosis. LESION OF LEFT PLANTAR NERVE.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has NOT had foot pain for over 4 weeks.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	patient seen today for Follow up of right foot pain. there has been no improvement following PT and injections. patient is having difficulty walking and pain is continuous.; This is a request for an Ankle MRI.; It is not know if surgery or arthrscopy 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.; It is not known if there is a suspicion of tendon or ligament injury.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	possible tear in Achilles tendon; This is a request for a foot MRL; The study is being ordered for a known palpated mass.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Subjective: Patient presents to clinic this day complaining of pain in his left foot and ankle. Pt crushed his left ankle in 2016 with a side by side and he had gangrene. Pt mentions he rolled his ankle when the accident happened. He saw Dr. Martin, who t; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; Surgery is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered 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 immobilization for at least 6 weeks.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; 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
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1

		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned	1
Podiatry	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower		surgery.	
Podiatry	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	2
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		xray on 7/3/19 showed possible calcaneal fracture; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not	1
Podiatry	Approval	followed by contrast material(s) and further sequences		have 2 normal xrays at least 3 weeks apart that did not show a fracture.	
Podiatry	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2018; There has been treatment or conservative therapy.; discomfort in the arthritic tarsometatarsal joints, left foot is now starting to develop symptoms as well.; Previous MRIs and PT purchased Orthotics for shoes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Dodinto	Disapproval	73700 Computed tomography, lower extremity; without	Padiology Conject Depict Not Medically Necessary	tarsal Col to both of the feet.chronic pain to joints; One of the studies being ordered is a Breast MRI,	2
Podiatry	Disapproval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. EVALUATION OF POSSIBLE ACHILLES TEAR; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks; The study is requested for ankle pain.; There is a suspicion of	1
Podiatry	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	tendon or ligament injury.	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		member is currently undergoing physical therapy, tried anti-immflamatory & Dengis steroids.; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is	1
Podiatry	Disapproval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	requested for ankle pain.; There is a suspicion of tendon or ligament injury. pain began after injury in may. x rays are negative for fracture; 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	1
Podiatry	Disapproval	followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	least 6 weeks.	
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	Patient experienced pop of lateral tissue of foot and ankle , under went a surgery on this foot, numbness; This is a request for an Ankle MRL; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
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	persistent pain for several months, pt has used ice, rest and injections over the past several months and pain has not responded to conservative treatment; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Preventitive Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	nausis, services service not mediculy 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
Preventitive Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Preventitive Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal	, , , , , , , , , , , , , , , , , , , ,	This is a 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.	1
Psychiatry	Approval	and contents, cervical; without contrast material		of bladder or bowel dysfunction.	
Psychiatry	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Psychiatry	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
		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	1
Psychiatry Psychiatry	Disapproval	material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	I have requested this test. Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 07/01/2019; There has been treatment or conservative therapy; muscle weakness, iron deficiency hypothyroidnsy; medications home exercise pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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Psychiatry	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	change in taste and reports tingling feelings,feels paranoid, bad memory loss,state of mine feels like she's in a dream and trapped. she woke 9/6/19 with severe/sudden headache.no prior history of headaches.severe facial tics and tics of her hands; 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
Psychiatry	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.; 07/01/2019; There has been treatment or conservative therapy; muscle weakness, iron deficiency hypothyroidnsy; medications home exercise 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
Psychiatry	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 07/01/2019; There has been treatment or conservative therapy; muscle weakness, iron deficiency hypothyroidnsy; medications home exercise 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
Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material	E	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
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material	g	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
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (includin brain stem); without contrast material	g	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
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast			1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	5
Pulmonary Medicine	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	3
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	3
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	19
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		. Lung nodule, multiple - R91.8; Comparison study: 4/2/2018 History: Follow-up pulmonary nodules Findings: There is no significant axillary, mediastinal, or hilar lymphadenopathy. Subcentimeter lymph nodes are stable and likely reactive. The heart is; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	3 month followup of multiple pulmonary nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	2
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	15
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	2
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	3
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest X-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	caller requested to bypass clinicals; A Chest/Thorax CT is being ordered.; The study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Ct abd and and Pelvis 8/23/2018.4 5 mm pulmonary nodule in the right lower lobe is unchanged; from 5/11/2016, consistent with a benign nodule. The visualized lung; bases are otherwise clear; CT chest stable compared to December 2017. Please repeat CT in; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT chest to evaluate for empysema, with reduced DLCO.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine		71250 Computed tomography, thorax; without contrast material	Dyspnea on exertion (R06.09), Raynaud's disease without gangrene (173.00),;Reason for Study (REQUIRED): HRCT chest w/o to look for ILD given concerns for connective tissue disease and dyspnea.s;1. Dyspnea on exertion - R06.09;2. Pre-syncope - R55;3. R; A Chest/Thorax CT is being ordered for none of the above.; This study is being ordered for none of the above.; This study is being ordered for none of the above.	1
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Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given;;new patient to our practice with shortness of breath and restrictive lung disease on spirometry with FEV1 of 36% of predicted values, HRCT chest is required to further evaluation of the restrictio; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up CT Chest from 7/2018 HX/DX (REQUIRED): Pulmonary nodule (R91.1); Duration of Symptoms: 2018; Physical Exam Findings: weakness, night sweats, loss of appetite, severe fatigue, dyspnea at rest, fequent awakenings, leg; discomfort, heartburn, vomi; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow up evaluation of cavitary lesion in left upper lobe and fibronodular density in the left lung apex, noncalcified nodule in the right midlung.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up of a known pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up pulmonary nodules; FINDINGS: Thyroid is normal in size. The heart size is within normal limits. Calcified mediastinal nodes are identified. Small hiatus hernia. The adrenal glands are not visualized. No effusions are seen. Superior mediastinal; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow Up; The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	He has interstitial lung disease. I suspect that it is secondary to Vidaza. Workup for connective tissue disease has been negative. He showed improvement on prednisone. Currently on 20 mg prednisone daily. He had a repeat high-resolution CT chest which ha; There is no radiologic evidence of asbestosis; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; it is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	interstitial pulm disease, has mild dysplastic syndrome. Cough is mostly dry. He does not have shortness of breath either at rest or on exertion. He has intermittent fever and drenching night sweats but tells me that he has been told it could be a side e; 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 aboses or empyema; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered, This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	lung mass failed bronchoscopy; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	N/A; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	nodule found in January on prior study; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Table Compared temperately, horse, without content speciment speci			71250 Computed tomography, thorax; without contrast	NON-CALCIFIED RIGHT MIDDLE LOBE SOLITARY PULMONARY NODULE. FOLLOW UP IS RECOMMENDED. PATIENT HIGH RISK FOR DEVELOPING LUNG 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	1
without programs (well-other and programs) without context and programs (well-other and programs), though the programs	Pulmonary Medicine Pulmonary Medicine		71250 Computed tomography, thorax; without contrast	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.;	1
Juliencotions on family infection. There is no stockings evidence of a large place and incompression. I There is no stockings evidence of a large place and incompression. I There is no stocking evidence of a large place and incompression. I There is no stocking evidence of a large place and incompression. I There is no stocking evidence of a large place and incompression. I There is no stocking evidence of the stocking of the	Pulmonary Medicine	Approval			2
### Approach ### A	Pulmonary Medicine	Approval		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	1
up to 7 mm in size, whe has atrong family habitary of lang center, plus additional extensive smoking and patricts. There is delineded a failure designation of the patricts of	Pulmonary Medicine	Approval		study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes	1
Table Computed tomography, thorax; without contrast material streaming of lung cancer. The patient is between 5 and 50 years old. This patient is NOT a moder of they have a bitter of showing, and a low post of the lung Cancer of the patient is NOT as moder of the hyware a bitter of the hyware a bitter of the hyware and a lung model. The residue of the hyman and a lung model, "There is evidence of a lung, mediastrial or chest mass noted within the last 30 days." They find a previous Chest x-ray, A chest/fhorax CT is being ordered for work up for supplicous mass, less this is a request for a Disposition. The study is being ordered for work up for supplicous mass, less this is a request for a Disposition. The study is being ordered for work up for supplicous mass, less this is a request for a Disposition. The study is being ordered for work up for supplicous mass, less this is a request for a Disposition. The study is being ordered for work up for supplicous mass, less than the less 30 days." They find a previous feet study is being ordered for more of the above, less than the last 30 designed. The study is being ordered for more of the above, less than the last 30 designed and less than th	Pulmonary Medicine	Approval		up to 7 mm in size, she has strong family history of lung cancer, plus additional extensive smoking history.; "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	1
within the last 30 days." They had a previous Chest x-ray, A Chest/Thorax CT is being ordered for work-up for supplications mass, yet this is a request for a Diagnostic CT Patient with worsening signs and symptoms of shortness of breath and cough. Patient with no smoking history, Patient performed philmonary function Test which was abnormal, needing High Resolution CT chest to require club ross shorted with A period contrast ordered. The study is being ordered for none of the above, This study is being ordered for none of the above, This study is being ordered for none of the above. This study is being ordered for none of the above, This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is the study is being ordered for none of the above. The study is being ordered for none of the above. This study is the study is being ordered for none of the above. This study is the study is being ordered for none of the above. This study is the study is being ordered for none of the above. This study is the study is the properties of more of the above. The study is the properties of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This study is being ordered for none of the above. This	Pulmonary Medicine	Approval		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	1
smoking history, Patient performed Pulmonary Function Test which was abnormal, needing High Resolution Cf test to rule out possible/suspected ID vs Sarciolosis 2, A Chest/Phorax Cf is being ordered, The study is being ordered for none of the above; This study is being ordered for non of the abov	Pulmonary Medicine	Approval		within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This	1
HILAR LYMPH NODES, LARGEST OF WHICH WAS 8.5MM. THIS IS FOR NOR YR. FOLLOWUP.; A 1 21250 Computed tomography, thorax; without contrast material Approval A	Pulmonary Medicine	Approval		smoking history. Patient performed Pulmonary Function Test which was abnormal, needing High Resolution CT chest to rule out possible/suspected ILD vs Sarcoidosis v; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of	1
1306188479;Facility Name: Medical Associates Of NW Arkansas;Submitted By: MONICA KELLER, RN ;Email;Requested Exam;Requested Exam;Requested Exam;Requested Exam;Requested Exam;Requested Exam;Requested Exam;Requested Facility is being ordered for none of the above; This study is being ordered for none of the above; This study is being ordered for none of the above; This study is being ordered for none of the above; This study is defined ordered. The study is defined to the above; This study is defined ordered. The	Pulmonary Medicine	Approval		HILAR LYMPH NODES, LARGEST OF WHICH WAS 8.5MM. THIS IS FOR ONE YR. FOLLOWUP.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Given her tobacco history would like to get HRCT chest to;evaluate her pulmonary nodule but also rule out interstitial lung disease;given her hypoxemia and dys; A Chest/Thorax CT is being ordered.; 71250 Computed tomography, thorax; without contrast Pulmonary Medicine Approval material Approval Appr	Pulmonary Medicine	Approval		1306188479;Facility Name: Medical Associates Of NW Arkansas;Submitted By: MONICA KELLER, RN ;Email:;Requested Exam;Requested Exam: CT chest w/o ;Anticipated Date:;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for	1
s;DOB: 03/02/1938;Acct #: 700196968;Home Phone: 501-772-1394;Referring Provider Information;Referring Provider: LINDSEY BARNES, MD;NPI (REQUIRED): 1295962348;Facility Name: Medical Associates Of NW Arkansas;Submitted By: IRIS JAKOBS;Requested; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A 71250 Computed tomography, thorax; without contrast Table 1	Pulmonary Medicine	Approval		Given her tobacco history would like to get HRCT chest to; evaluate her pulmonary nodule but also rule out interstitial lung disease; given her hypoxemia and dys; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.;	1
71250 Computed tomography, thorax; without contrast days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious 1	Pulmonary Medicine		71250 Computed tomography, thorax; without contrast	s;DOB: 03/02/1938;Acct #: 700196968;Home Phone: 501-772-1394;Referring Provider Information;Referring Provider: LINDSEY BARNES, MD;NPI (REQUIRED): 1295962348;Facility Name: Medical Associates Of NW Arkansas;Submitted By: IRIS JAKOBS;Requested; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes	1
	Pulmonary Medicine			days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious	1

Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	spontaneous pneumothorax; shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	STUDY IS BEING ORDERED FOR LUNG NODULES; A Chest/Thorax CT is being ordered.; The study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
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	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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	12
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this is a followup Chest CT; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown. wanted to bypass clinical & fax in; A Chest/Thorax CT is being ordered.; The study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
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	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unkown; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Will fax in clinical; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	will fax; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Reason for Study (REQUIRED): Patient had CT Chest 04/03/19, radiology noted a spleenic hematoma, they recommend; patient have further follow up with a CT Abd and Pelvis with contrast to rule out possible bleeding; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

			This is a request for a 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	1
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	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)	
ulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1
tulmonary 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)	3
ulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	MANA HEALTH SERVICES PRECERTIFICATION REQUEST FORM; Patient Information; Name: RENAE SMITH; DOB: 12/26/1962; Acct #: 1276951; ID: ; Home Phone: 479-841-3048; Work Phone: Alt Phone: 479-841-3048; Referring Provider Information; Referring Provider: Jon A; 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
,		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.; Don't know best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient	1
rulmonary Medicine	Approval Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	not seen in this office before. 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
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1
Pulmonary Medicine	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 Embolism.	1
		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.; There are clinical symptoms	1
ulmonary Medicine	Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	supporting a suspicion of structural heart disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing	1
rulmonary Medicine	Approval Approval	performed, complete, without spectral or color Doppler 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	symptoms of valve disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
unifordary interiorite	Approval	performed, complete, without spectral or color boppier 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 Left Ventricular Function.; The patient has a history of	1
ulmonary Medicine	Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	hypertensive heart disease.; There is a change in the patient's cardiac symptoms. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	6
ulmonary Medicine	Approval	performed, complete, without spectral or color Doppler	study is being ordered for Evaluation of Pulmonary Hypertension. This request is for a Low Dose CT for Lung Cancer Screening;; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking; The patient has a 30 pack per year history of smoking; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer	2

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
				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	2
Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		ago.	
Pulmonary Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS A PACEMAKER THAT IS NOT COMPATIBLE WITH HAVING AN MRI.; ;Assessment: ;- Partial idiopathic epilepsy with complex partial seizures.;- Memory changes; 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
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 NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	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	2
		71250 Computed tomography, thorax; without contrast		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes	2
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast	Radiology Services Denied Not Medically Necessary	this is a request for a Diagnostic CT Follow up on known solitary pulmonary nodule that is 11 mm in size, concerning for primary pulmonary neoplasm in high risk patient.; "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	1
Pulmonary Medicine	Disapproval	material	Radiology Services Denied Not Medically Necessary	Diagnostic CT	
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Interstital lung disease; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Interstitial lung disease -; chest x ray showing ILD ?? IPF?? needs ct of the chest; to eval high resolution; J84.9: Interstitial pulmonary disease, unspecified; There is no radiologic evidence of asbestosis; "There is no radiologic evidence of asbestosis; "There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	le. Albuterol as needed ;2. Pneumonia of left lower lobe due to infectious organism ;Notes;;Resolved ;3. Pulmonary nodules ;Notes;;Quit smoking 4 years ago. Given his tobacco history and new nodules, I think it's;reasonable to pursue the CT; 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	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	LYmphadenopatah; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	No; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	none; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	2
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has multiple pulmonary nodules and shortness of breath; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient needs lung cancer evaluation on suspicious abnormal findings of lung field; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1

Pulseers with sign and ammons of exists being disease. Were common cought and opposes. Note the second cought and opposes. The second c	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient with 30 year smoking history and hypoxia. Worsening cough 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	1
Pulmonary Medicine Disapproval Table Computed timegraphy, thorac, without central Table Computed timegraphy, thorac, wi	Pulmonary Medicine	Disapproval		Radiology Services Denied Not Medically Necessary	rule out ILD.; 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 mount of the properties of the state of 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	1
Pulmously Medicine Casponal Disapproval Di					Previous imaging shows multiple noncalcified pulmonary nodules, recommended to follow up with CT chest w/ contrast for further evaluation; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a	1
PLISO Computed Lomography, thorax, without contract meteral management of the above. The saley is being ordered for none of the above. The study is being ordered for non fire above. The study is being ordered for non fire above. The study is being ordered for non fire above. The study is being ordered for non fire above. The six has a request for a Biopostic CT. The patient is precenting even sign or a ymploma. There is noticitied or the patient is precenting even sign or a ymploma. There is noticitied or the patient is precenting even sign or a ymploma. There is noticitied or the patient is precenting even sign or a ymploma. There is noticitied or the patient is a precent for even sign or a ymploma. There is noticitied or the patient is a precent for even sign or ymploma. There is noticitied or a biopositic CT. Pulmonary Medicine Disapproval This is not the state of the patient or the patient september of the state of the patient is a precent for a biography. The state of the patient is a precent for a biography or a patient or the patient september of the state of the patient is a precent for a biography. The state of the patient is a precent for a biography or a patient or the patient september of the state of the patient or the patient september of the state of the patient or the patient september of the patient september of the patient or the patient september of the pa	Pulmonary Medicine	Disapproval		Radiology Services Denied Not Medically Necessary	screening); A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.;	1
Diapproval material Table Computed tomography, thorax, without contrast Pulmonary Medicine Diapproval Table Computed tomography, thorax, without contrast Table Computed tomography (FET) with concurrently acquired computed tomography (FET)	Pulmonary Medicine	Disapproval		Radiology Services Denied Not Medically Necessary	Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Pulmonary Medicine Disapproval Pulmonary Medicine Disapproval Pulmonary Medicine Disapproval Pulmonary Medicine Disapproval Dis	Pulmonary Medicine	Disapproval		Radiology Services Denied Not Medically Necessary	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	1
### Self Positron emission tomography (PET) with concurrently acquired computed tomography (T) for attenuation correction and anatomical collaboration imaging; whole body ### Pulmonary Medicine Disapproval Disapproval Disapproval	Pulmonary Medicine	Disapproval		Radiology Services Denied Not Medically Necessary	prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected	1
78816 Positron emission tomography (PET) with concurrently acquired comparably (CT) for attenuation correction and anatomical localization imaging; whole body Pulmonary Medicine Disapproval Pulmonary Medicine Disapproval	Pulmonary Medicine	Disangroyal	acquired computed tomography (CT) for attenuation correction	Radiology Services Denied Not Medically Necessary	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	1
Enter answer here - or Type in Unknown if No Info Given. This a request for an echocardiogram; This is a request a chest of the initial echocardiogram; This is used in a for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. Pulmonary Medicine Disapproval Disapproval Disapproval G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Pulmonary Medicine Disapproval G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Pulmonary Medicine Disapproval G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medi			78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction			1
headaches, no family history. Needing low dose ct only for screening; This request is for a Low Dose CT for Lung Cancer Screening; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening; 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 cancers. Patient with nicotine dependence, 30+ year smoking history. Complaints of cough and shortness of breath.; This request is for a Low Dose CT for Lung Cancer Screening; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is 54 years old or younger; 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 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; 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 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; 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 screening. There are other diagnostic test suggestive of lung cancer screening. There are other diagnostic test suggestive of lung cancer screening. There are other diagnostic test suggestive of lung cancer screening. There are other diagnostic test suggestive of lung cancer screening. There are other diagnostic test suggestive of lung cancer screening. There are 2 exams are being ordered. One of 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 1 There are			93307 Echocardiography, 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 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	1
Patient with nicotine dependence, 30+ year smoking history. Complaints of cough and shortness of breath.; This request is for a Low Dose CT for Lung Cancer Screening; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or 1 younger.; 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 yateness who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening. There are 2 exams are being ordered.; One of 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 1 Oncology There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation 1 Oncology There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation 1 Oncology There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation 1	Pulmonary Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	headaches, no family history. Needing low dose ct only for screening.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer	1
There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT 70450 Computed tomography, head or brain; without contrast Radiation Oncology Approval A					Patient with nicotine dependence, 30+ year smoking history. Complaints of cough and shortness of breath.; This request is for a Low Dose CT for Lung Cancer Screening;; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or younger.; 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.; Patients who are NOT between the	1
70490 Computed tomography, soft tissue neck; without Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation 1					Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
	Radiation Oncology	Approval			Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation	1

			This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a	
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	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
Radiation Oncology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1
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. >the patient just finished chemo; 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
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	7
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Patient is being checked for metastatic diesase; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking;; It is unknown if the patient has a 30 pack per year history of smoking; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
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
Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient is presenting new symptoms.; It is not known if the study is for follow up or staging.; Known Tumor with or without metastasis; The patient has been by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Approval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	This patient has a brain metastases and will be receiving Cyberknife radiation therapy. This requires an MRI to fusion with the CT simulation data for more precise treatment. For this non diagnostic MRI (not read by a radiologist), Coding Strategies (publ; Requestor has decided to proceed with the unlisted code.	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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 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
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a 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
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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

Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Radiation Oncology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1
Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Radiation Oncology	Disappiovai	71250 Computed tomography, thorax; 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 Radiation	1
Radiation Oncology	Disapproval	material 74174 Computed tomographic angiography, abdomen and	Radiology Services Denied Not Medically Necessary	Oncology	
Radiology	Approval	pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT	1
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1
Radiology	Approval	78816 Positron emission tomography (PET) with 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
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	72148 Magnetic resonance (eg, proton) imaging, spinal canal		Back pain times four months; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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	1
Radiology	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	symptoms.	
Rheumatology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		Shortness of breath & Dramp, syncope episodes; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Rheumatology	Approval	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	1
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		ankylosing spondylitis; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		LOW BACK PAINNORMAL X-RAYFURTHER EVAL TO R/O ANKLELOSING SPONDYLOTHESIS; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with		This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or	3
Rheumatology	Approval Approval	rontrast material(s) 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		bone infection.; The study is being ordered for osteomyelitis. ; This study is being ordered for Inflammatory/ Infectious Disease.; 8/19/19; There has been treatment or conservative therapy.; tenderness, limited range of motion, swelling (fullness of the dorsal aspect of both hands and fingers. Because of the progressive joint pain and stiffness of DMARD's we need to rule out autoimmune inflammatory arthritis.; medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
		73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s),		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	1
Rheumatology	Approval	followed by contrast material(s) and further sequences		metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	

Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; This study is being ordered for Inflammatory/ Infectious Disease.; 8/19/19; There has been treatment or conservative therapy.; tenderness, limited range of motion, swelling (fullness of the dorsal aspect of both hands and fingers. Because of the progressive joint pain and stiffness of DMARD's we need to rule out autoimmune inflammatory arthritis.; medication management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
		73221 Magnetic resonance (eg, proton) imaging, any joint of		painful and swollen and warm to the touch.; 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	1
Rheumatology	Approval	upper extremity; without contrast material(s)		pain.	
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Rheumatology	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 arthrscopy 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 evalutation of wrist pain.	1
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; 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
Dhouseteles		73700 Computed tomography, lower extremity; without		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	1
Rheumatology	Approval	contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		of their range of motion; Yes this is a request for a Diagnostic CT 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	1
Rheumatology	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		crutches for at least 4 weeks. This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	1
Rheumatology	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower		ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned. This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of	1
Rheumatology	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injuryis not suspected.	1
Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Rheumatology	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 Pulmonary Hypertension.	1
Rheumatology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Rheumatology	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
Rheumatology	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 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
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	dx polymyalgia rheumatica pain in the shoulders, arms, hands, knees, ankles and elbows complaining of pain rather than weakness in the muscle; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	WE ARE LOOKING FOR A MASS; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 09/01/2019; There has been treatment or conservative therapy.; HYPERSENSITIVITY TO TOUCH; SYNOVITIS; EROSIONS; FIBROMAYALGIA; INJECTIONS; NON-STEROIDAL ANTI-INFLAMMATORY DRUGS; NERVE PAIN BLOCKERS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	dx polymyalgia rheumatica pain in the shoulders, arms, hands, knees, ankles and elbows complaining of pain rather than weakness in the muscle; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 09/01/2019; There has been treatment or conservative therapy.; HYPERSENSITIVITY TO TOUCH; SYNOVITIS; EROSIONS; FIBROMAYALGIA; INJECTIONS; NON-STEROIDAL ANTI-INFLAMMATORY DRUGS; NERVE PAIN BLOCKERS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease;; There has been treatment or conservative therapy.; Pain; He is currently taking 2.5 mg of p.o. prednisone and ranitidine. He is getting the infusion every 3 weeks.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI,; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Rheumatology	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
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/26/2019; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given see clinics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.;;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Sports 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 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
Sports 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.; 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
Sports 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.; 06/26/2019; There has been treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given see clinics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

; This study is being ordered for something other than: known trauma or injury, metastatic of a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular ; There has been treatment or conservative therapy;;; One of the studies being ordered is 1 Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs sy 15 NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Sports Medicine Approval	isease.; OT a 2 ecialty it have
new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 we The patient has seen the doctor more then once for these symptoms.; The physician has dire 72148 Magnetic resonance (eg, proton) imaging, spinal canal conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physica	
	ited 10
This patient has tried and failed conservative therapy with no improvement. S/S are worsen Prior imaging has been non-diagnostic; The study requested is a Lumbar Spine MRI.; Acute o Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The weakness.; weakness, numbness and tingling in lower extremity, painful ambulation; It is not 72148 Magnetic resonance (eg, proton) imaging, spinal canal if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does	ere is 1 known
Sports Medicine Approval and contents, lumbar; without contrast material have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. Strong family history of cancer in first degree relative. Chronic low back pain correlating with side of image. CT of high/pelvis with sclerotic/lytic lesion on iliac recommending MRI to eval for malignant lesion.; This is a request for a Pelvis MRI.; The patient had previous abnormal image including a CT, MRI or Ultrasound.; An abnormality was found in something other than the boundaries of the province of the prov	r ng 1 adder,
72196 Magnetic resonance (eg, proton) imaging, pelvis; with Sports Medicine Approval contrast material(s) The ordering physician is an orthopedist.; This is a request for a Pelvis MRI.; The study is bein ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	g 1
72196 Magnetic resonance (eg, proton) imaging, pelvis; with This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of jo Sports Medicine Approval contrast material(s) bone infection.; The study is being ordered for bilateral hip avascular necrosis.	nt or 2
s/p rotator cuff repair, suspects re-tear; The requested study is a Shoulder MRI.; The pain is 73221 Magnetic resonance (eg, proton) imaging, any joint of recent injury; Surgery or arthrscopy is not scheduled in the next 4 weeks; The request is for sports Medicine Approval upper extremity; without contrast material(s) shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for s 73221 Magnetic resonance (eg. proton) imaging, any joint of pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient h Sports Medicine Approval upper extremity; without contrast material(s) completed 6 weeks of physical therapy?	
The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for spain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 5 weeks. The patient has been treated with medication.; The Sports Medicine Approval upper extremity; without contrast material(s) The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for spain.; The physician has directed conservative treatment for the past 6 weeks. The patient has been treated with medication.; The spain is described as chronic; The request is for spain. The physician has directed conservative treatment for the past 6 weeks. The patient has described as chronic; The request is for spain. The physician has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks of physical treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks for the past 6 weeks of physical treatment for the past 6 weeks. The patient has directed conservative treatment for the past 6 weeks for the past 6	as not
This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a footung trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a footung trauma, dislocation, or injury to the foot."; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a su	
Exam;Findings;Details;Strength LE;*;Strength Description - Ankle/Foot: Right: strength is decreased.;Ankle ROM L;*;Active ROM - Factors: normal, Description: active pain free range motion.;Ankle ROM R;*;Active ROM - Ankle Dorsiflexion: 10 de; This is a request for an Ankle ROM R;*;Active ROM - Ankle Dorsiflexion: 10 de; This is a request for an Ankle ROM R;*;Active ROM - Ankle Dorsiflexion: 10 de; This is a request for an Ankle ROM R;*;Active ROM - Ankle Dorsiflexion: 10 de; This is a request for an Ankle ROM R;*;Active ROM - Ankle Dorsiflexion: 10 de; This is a request for an Ankle ROM R;*;Active ROM - Ankle Dorsiflexion: 10 de; This is a request for an Ankle ROM R;*;Active ROM - Ankle ROM R;*;Active ROM R;*;Active ROM R;*;Active ROM - Ankle ROM R;*;Active ROM R;	MRI.; re not
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 the contrast material (s),	g 4
Sports Medicine Approval followed by contrast material(s) and further sequences ordered for Suspected meniscus, tendon, or ligament injury This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films of the	on-
Sports Medicine Approval followed by contrast material(s) and further sequences motion or pain.; It is unknown if surgery is planned. 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an or pain.; It is unknown if surgery is planned. This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an or pain.	
Sports Medicine Approval followed by contrast material(s) and further sequences injury.; The member has failed a 4 week course of conservative management in the past 3 m	
This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no eviden 73720 Magnetic resonance (eg. proton) imaging, lower than joint; without contrast material(s), suspicion of an infection, The patient is not taking antibiotics.; This is not a study for a fractument of the proton	not a 1

		73720 Magnetic resonance (eg, proton) imaging, lower			
		extremity other than joint; without contrast material(s),		This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-	1
Sports Medicine	Approval	followed by contrast material(s) and further sequences		ray.; The study is requested for ankle pain.; Tendon or ligament injuryis not suspected. This is a requests for a hip MRI.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a	
		73721 Magnetic resonance (eg, proton) imaging, any joint of		suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip	3
Sports Medicine	Approval	lower extremity; without contrast material		pain.	
				; This study is being ordered for something other than: known trauma or injury, metastatic disease,	
				a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;; One of the studies being ordered is NOT a	1
				Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	1
Constant Advillation		72141 Magnetic resonance (eg, proton) imaging, spinal canal	Dadislam Canting David Net Madiculty Name	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
Sports Medicine	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Oncology	
				; This study is being ordered for something other than: known trauma or injury, metastatic disease,	
				a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a	1
				Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
Sports medicine	Бізарріоча	and contents, idinati, miniati contrast material	nadiology services service not medically necessary	Lumbar radiculopathy, left sided pain, numbness that has worsened over time; The study requested	
				is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain, weakness, numbness on left side; It is not	
				known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if	1
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	
Sports Wedicine	Disapprovar	and contents, lumbar, without contrast material	radiology Services Deflied 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	1
		72148 Magnetic resonance (eg, proton) imaging, spinal canal		conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical	1
Sports Medicine	Disapproval	and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	therapy?	
				Patient has been treated conservatively with PT, meds, and some bracing, with home therapy but	
				s/s continue to worsening; The requested study is a Shoulder MRI.; The pain is from a recent injury.;	1
Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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.	
				"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or	
Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		skull, trauma or injury.fct", "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
0- 7					
				He has some meds therapy and it has not worked. Possible surgery.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder,	
				inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2019; There has	2
				not been any treatment or conservative therapy.; Small nodule on his scalp and left parietal region.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	-
		70486 Computed tomography, maxillofacial area; without		Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
Surgery	Approval	contrast material 70490 Computed tomography, soft tissue neck; without		Oncology, Surgical Oncology or Radiation Oncology none; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a	
Surgery	Approval	contrast material		palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1
				This study is being and and far Vascular Disease - 9/23/2010. There has been been been been been been been bee	
				; This study is being ordered for Vascular Disease.; 8/23/2019; There has been treatment or conservative therapy.; Visual disturbances, dizziness, fatigue; Patient is current taking Aspirin and	
		70496 Computed tomographic angiography, head, with contras	t .	Atorvastatin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS,	1
Surgery	Approval	material(s), including noncontrast images, if performed, and image postprocessing		PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
-					
				; This study is being ordered for Vascular Disease.; 8/23/2019; There has been treatment or conservative therapy.; Visual disturbances, dizziness, fatigue; Patient is current taking Aspirin and	
		70498 Computed tomographic angiography, neck, with contrast		Atorvastatin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS,	1
Surgery	Approval	material(s), including noncontrast images, if performed, and image postprocessing		PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
	7.00	70498 Computed tomographic angiography, neck, with contrast			
Surgery	Approval	material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the Neck.	1
>D~!)	Αμριοναι	age postprocessing			
		71250 Computed tomography, thorax; without contrast		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	1
Surgery	Approval	material		study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	

Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown.; It is not known if there has been any treatment or conservative therapy.; Weight loss, blood in stool, diarrhea, abd; pain, weakness, joint swelling and rash. MD r/o neoplastic process.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material	SEE OV; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	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
Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.; 2016; There has been treatment or conservative therapy.; pain; meds, 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	1
Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	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
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Pt is having R groin pain, we are looking for a mass or hernia that may be present that would require surgical intervention.; It is not known if there is a known tumor.; This study is being ordered as preoperative 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
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	palpable mass of the left buttock that has been present for the past 1-2 months. He reports a gradual increase in size. This area is tender. He also reports some numbness in the LLE. He had an ultrasound last week that found no abnormality in the area; 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
Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	3
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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
Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT, Yes this is a request for a Diagnostic CT	1
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Patient has an open wound on left toe.; This is a request for a foot MRI.; The study is being ordered	1
Surgery	Approval Approval	followed by contrast material(s) and further sequences 74150 Computed tomography, abdomen; without contrast material	forfoot pain.; The study is being ordered for acute pain. none; This is a request for an Abdomen CT;. This study is being ordered for a suspicious mass or tumor, There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; pain; meds, 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	1
Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination; The reason for the study is none of the listed reasons; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if surgery is planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain, The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	exam has a right engenal bulge and believes a right sided hernia and Dr wants to confirm with CT; This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	liver swelling, patient gained 30 pounds 1 one month; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown.; It is not known if there has been any treatment or conservative therapy.; Weight loss, blood in stool, diarrhea, abd; pain, weakness, joint swelling and rash. MD r/o neoplastic process.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had a hernia repaired and feels like the mass has broken loose and effecting member's bowels.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient had an abnormal colonoscopy and showed a mass in the transverse colon.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has abdominal wall bulging and laxity from umbilicus to suprapubic bone. history of c section and hysterectomy. need ct to evaluate for hernia; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; It is not known if 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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has an abdominal aortic aneurysm.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient is having surgery on 8/27/2019. ct needs to be done prior to this. patient has abdominal distention history of gastric bypass and hysterectomy; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Post-operative pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
		74176 Computed tomography, abdomen and pelvis; without	Previous ultrasound abnormal, hernia found in testicular area.; This is a request for an abdomen- pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	1
Surgery	Approval	contrast material	СТ	

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt came in for possible ventral hernia, none felt on exam however, due to pain level need to get a CT scan to make sure nothing else going on.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	s/p open appendectomy for acute appendicitis on 09/11/2019 no presents with severe abdominal pain, fatigue, overall feeling poorly concern for abdominal abscess or other post op pathology; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	SEE OV; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	see p2p note on tracking 112107547.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
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 pre-operative evaluation.; Surgery is not planned for within 30 days.	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; It is unknown if this study is being ordered to evaluate an undescended testicle in a male.	1
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	CT SCAN DONE 6-25-19: ;There is a low-density liver lesion noted along the margin of the right lobe near the dome seen posteriorly which measures 2.5 cm. It shows some nodular enhancement in the portal venous phase. There is some filling in on delayed ph; 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

		75635 Computed tomographic angiography, abdominal aorta			
		and bilateral iliofemoral lower extremity runoff, with contrast			2
Surgery	Approval	material(s), including noncontrast images, if performed, and		Yes, this is a request for CT Angiography of the abdominal arteries. Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This	
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	2
Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		Pre-surgery evaluation; Invasive ductal carcinoma of breast, female, right. ;ER 83% Strong. ;PR 30% Strong.;HER-2/neu 1+. ;Equivocal 2+. ;Positive 3+.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Surgery	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
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.	2
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.	3
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.; There are benign lesions in the breast associated with an increased cancer risk.	1
Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using PDG (fluorodeoxyglucose)	1
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This 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
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 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
Surgery	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 Pulmonary Hypertension.	1
Surgery	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 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
Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 2010; There has been treatment or conservative therapy.; In 2010, pt was in a MVC resulting in a pseudoaneurysm and subsequent strong requiring R CCA and Subclavian Artery stents. Today, she reports she is doing well. She denies any LOC, sensory or motor changes in her extremities, any visual disturbances, dizz; PREVIOUS VASCULAR SURGERIES:;-R Common Carotid artery stent (2010);-R Subclavian artery stent (2010); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	
Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 2010; There has been treatment or conservative therapy.; In 2010, pt was in a MVC resulting in a pseudoaneurysm and subsequent strong requiring R CCA and Subclavian Artery stents. Today, she reports she is doing well. She denies any LOC, sensory or motor changes in her extremities, any visual disturbances, dizz; PREVIOUS VASCULAR SURGERIES:;-R Common Carotid artery stent (2010); -R Subclavian artery stent (2010); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	

Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07.17.19; There has not been any treatment or conservative therapy.; pt has back and neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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.; 07.17.19; There has not been any treatment or conservative therapy.; pt has back and neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Surgery	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
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	3 WEEKS POST LAP COLONSECTOMY. FELT A POP THEN BURNING SENSATION AT UMBILICAL - SINCE THEN DISCOMFORT IN THE AREA; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral upper abdominal pain, recently under went gastric bypass; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	hernia; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	nausea after every meal x2-3 months and abd pain x2-3 months; This is a request for an abdomen- pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	POSSIBLE RECURRENT LEFT INGUINAL HERNIA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	r/o abnormal weight loss; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Surgery	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for CI Anglography of the abdominial arteries. 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
				current smoker, half a pack a day for 45 years and noticed weight loss.; 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	1
Surgery	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	cancer or there are other diagnostic test suggestive of lung cancer.	

Surran	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	current smoker, half a pack a day for 45 years and noticed weight loss; 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
Surgery	Disapprovai	G0297 LOW DOSE CT SCAIN FOR LUNG CAINCER SCREENING	nadiology services bettied Not intedically necessary	cancer of there are other diagnostic test suggestive of lung cancer.	
Surgical Oncology	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.	1
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
		71250 Computed tomography, thorax; without contrast		.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up	1
Surgical Oncology	Approval	material 71250 Computed tomography, thorax; without contrast		for suspicious mass.; Yes this is a request for a Diagnostic CT ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Surgical Oncology	Approval	material 71250 Computed tomography, thorax; without contrast		Unlisted CT/MRI. A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a	1
Surgical Oncology	Approval	material		request for a Diagnostic CT	4
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		hx of esophageal cancer, treatment completed, need to see effects; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	2
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Surgical Oncology	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
Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; 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
, , , , , , , , , , , , , , , , , , ,	Арргоча	72196 Magnetic resonance (eg, proton) imaging, pelvis; with		; 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	1
Surgical Oncology	Approval	contrast material(s)		laparoscopy, Suspicion of joint or bone infect	
Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Surgical Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1
		74150 Computed tomography, abdomen; without contrast		This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.;	1
Surgical Oncology	Approval	material 74176 Computed tomography, abdomen and pelvis; without		Yes this is a request for a Diagnostic CT ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Surgical Oncology	Approval	contrast material		Unlisted CT/MRI.	1
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		; This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
		74176 Computed tomography, abdomen and pelvis; without		h/o psuedoyxoma peritonei; now with abdominal swelling and bloody output via cutaneous fistula; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not	1
Surgical Oncology	Approval	contrast material		requested for hematuria.; Yes this is a request for a Diagnostic CT	

Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	hx of esophageal cancer, treatment completed, need to see effects; One of the sordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/N	
		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 Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speci	a Breast MRI, CT
Surgical Oncology Surgical Oncology	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the stur This study is being ordered for follow-up.; This study is not being requested for a pelvic pain.; The study is not requested for hematuria.; The patient is female.; Th a course of chemotherapy or radiation therapy within the past 90 days.; Yes this Diagnostic CT	bdominal and/or ne patient completed 1
		74176 Computed tomography, abdomen and pelvis; without	This is a request for an abdomen-pelvis CT combination.; The reason for the sturn or suspected tumor or metastasis.; This study is not being requested for abdomin pain.; The study is not requested for hematuria.; The patient had an abnormal at Ultrasound, CT or MR study.; The patient completed a course of chemotherapy of the patient completed a course of chemotherapy of the patient completed and the patie	nal and/or pelvic 1
Surgical Oncology	Approval	contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen;	within the past 90 days.; Yes this is a request for a Diagnostic CT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS,	PET Scan, or
Surgical Oncology	Approval	without contrast material(s)	Unlisted CT/MRI.	1
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious r tumor/ metastasis.; The patient had previous abnormal imaging including a CT, M liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspi	MRI or Ultrasound.; A cion of metastasis.
Surgical Oncology	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 exam family history of breast cancer.; There is a pattern of breast cancer history in at le relatives (parent, sister, brother, or children).	
Surgical Oncology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; T member.; This is for a preoperative evaluation of a non cardiac surgery involving This study is being ordered for Preoperative evaluation of a non cardiac surgery i anesthesia	general anesthesia;
Surgical Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherap has been initiated or completed; "There is not a change in cardiac signs or symp breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient previous MUGA scan.;	toms (shortness of
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 Ir (after a diagnosis of Cancer has been made).; This study is being requested for Bi NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan p patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/St using FDG (fluorodeoxyglucose)	reast Cancer.; This is performed on this 1
Surgical Oncology	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 patient for this cancer.; This is a Medicare member.; This study is being requeste above; This PET Scan is being ordered for Breast Cancer; This request is NOT for t and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET! (fluorodeoxyglucose)	d for None of the he initial diagnosis 1
Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NO CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 at This patient is a smoker or has a history of smoking.; The patient has a 30 pack p smoking.; The patient is NOT presenting with pulmonary signs or symptoms of luthere other diagnostic test suggestive of lung cancer.; The patient has not quit st	and 80 years old.; er year history of ing cancer nor are
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 NC CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 at This patient is a smoker or has a history of smoking.; The patient has a 30 pack posmoking.; The patient has a 30 pack posmoking.; The patient is NOT presenting with pulmonary signs or symptoms of luthere other diagnostic test suggestive of lung cancer.; The patient quit smoking lago.	OT had a Low Dose and 80 years old.; er year history of Ing cancer nor are
Surgical Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This requested for None of the above; This Pet Scan is being ordered for Breast Cance the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Rot Radiology Services Denied Not Medically Necessary Scan using FDG (fluorodeoxyglucose)	er; This request is for utine/Standard PET
Thoracic 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 eval headache.; The patient has the inability to speak.; The patient had a recent onse weeks) of neurologic symptoms.; This study is being ordered for stroke or aneury being ordered for a previous stroke or aneurysm.	t (within the last 4
Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the Neck.	1
moracic surgery	Approvar	mage postp. occosing	res, and is a requestror or Angrography of the Neck.	

Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		Enter answer here - or Type In Unknown If No Info Given. Surgery is NOT scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a preoperative evaluation.; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		Iliac artery occlusion, right/s/p Rt Iliac endarterecomy/patch angioplasty/stent 7/16/2018; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; It is not known whether there is physical evidence of re-bleed or restenosis.; It is not known whether there is physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1
		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 had recent plain films of the knee.; The plain films	1
Thoracic Surgery	Approval	followed by contrast material(s) and further sequences 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, i		were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	2
Thoracic Surgery	Approval	performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	2
Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested 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
		70450 Computed tomography, head or brain; without contrast		needing to have heart sugery but needs to make sure PT is stable enough for surgery; 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	1
Thoracic Surgery	Disapproval	material 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, i	Radiology Services Denied Not Medically Necessary	previous stroke or aneurysm.	1
Thoracic Surgery	Disapproval	performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	
Thoracic Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	family history of Malignant neoplasm; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	national parties being not incurany necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		dizziness, anxiety,; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		POST TREATMENT EVALUATION FOR LUNG CA. TO SEE IF TREATMENT SHOULD BE CHANGED OR CONTINUED; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	1
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	2
Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is 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.	1
		70480 Computed tomography, orbit, sella, or posterior fossa or		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is	1
Unknown	Approval	outer, middle, or inner ear; without contrast material		suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	-

Unknown	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
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	2
Olkilowii	Арргочаг	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	4
Unknown	Approval	contrast material	a request for a Diagnostic CT	4
			patient has hyperparathryodisim; 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	
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	persistent symptoms and ultrasound is still inconclusive; 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
		70490 Computed tomography, soft tissue neck; without	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient	1
Unknown	Approval	contrast material	has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT	
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 completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
			HITTAGGUIND CHANGE NO ARNORMANIES BUT US AAGGUIA TUS HITTAGGUIA	
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	ULTRASOUND SHOWED NO ABNORMAILIES BUT HE MASS HAS GROWN. THE ULTRASOUND RECOMMENDS A CT.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
Halanna	A	70490 Computed tomography, soft tissue neck; without	US of neck indicates: Right neck soft tissue "mass" measures 1.4 cm. This may reflect abnormal lymph node although complex cystic lesion or solid mass is not excluded. Depending on level of clinical suspicion, and if the lesion persists despite treatment; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump,; The neck mass is	1
Unknown	Approval	contrast material 70496 Computed tomographic angiography, head, with contrast	larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	
Unknown	Approval	material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the brain.	2
		70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and		1
Unknown	Approval	image postprocessing	Yes, this is a request for CT Angiography of the Neck.	
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	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.	1
		70547 Magnetic resonance angiography, neck; without contrast	There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.;	1
Unknown	Approval	material(s)	This is a request for a Brain and Neck MRA combination. Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study	_
		70551 Magnetic resonance (eg, proton) imaging, brain (including	is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental	1
Unknown	Approval	brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including	status.; It is unknown why this study is being ordered. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The	
Unknown	Approval	brain stem); without contrast material	patient has a chronic or recurring headache.	2
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	51 year old female presents for right facial numbness. Patient was seen by me 4 days ago for similar symptoms and dental problems. Patient states she has been taking antibiotics and tooth pain is better. She is still concerned due to right lower cheek and; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo;; It is unknown why this study is being ordered.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Chief Complaint: ; Slurred words;;History of Present Illness;Shelly Powell is a 53RHF who presents for follow up of several months of progressive bulbar weakness and numbness over the lower jaw and throat. Since her last visit she completed an EMG th; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient had hydrocephalus and has history of a VP Shunt recently have been having reoccuring headaches and stomach issues. The clinical reason for this study to make sure there is no fluid on patient brain.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Renata Hamilton is a 39RHF who presents for evaluation and management of headaches. The patient reports that she developed a headache that is predominantly frontal about 3 months ago. The headache is nearly every day and can last up to 2-3 days at a time; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
		70551 Magnetic resonance (eg, proton) imaging, brain (including	RESTAGING LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
Unknown	Approval	brain stem); without contrast material	MRS, PET Scan, or Unlisted CT/MRI. S: Patient here with headaches. Pain is located on bilateral temples and extends to her forehead.	
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Intermittent dizziness and nausea. Had one episode of vomiting a few nights ago. Light and sound	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The current episode started more than 1 week ago. The problem occurs daily. The problem has been gradually worsening. There was no loss of consciousness. The problem is associated with standing up.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Unknown	Approval Approval	orain stem); witnout contrast material 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	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI: The study is being requested for evaluation of a headache. The	2
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI: The study is NOT being requested for evaluation of a headache. This	4
		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	2
Unknown	Approval	brain stem); without contrast material	study is being ordered for and infection or inflammation.	-
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	will unload clinicals. This request is for a Brain MRI. The study is being requested for evaluation of a	1
		71250 Computed tomography, thorax; without contrast	"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	3
Unknown	Approval	material 71250 Computed tomography, thorax; without contrast	work-up for suspicious mass.; Yes this is a request for a Diagnostic CT 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	1
Unknown	Approval	material	a Diagnostic CT ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a	
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		2
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of asbestosis; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or emovema. It is not known if there is radiologic evidence of	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being	1
IO#II	Approvai		a Diagnosiae Ci	

Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/14/19; There has been treatment or conservative therapy.; coughing, inspiratory wheeze, green philegm, nausea, headache, decrease in appetite; Antibiotics and Xray of chest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
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	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chast/Thoray CT is being ordered. This study is being ordered for known tumor. Yes this is a	5
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	1
Unknown		71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.;	2
	Approval	71250 Computed tomography, thorax; without contrast	Yes this is a request for a Diagnostic CT BREAST CANCER RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy,	1
Unknown	Approval	material	EBCT, MRS, PET Scan, or Unlisted CT/MRI.	
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	chief complaint of shortness of breath pt is coming in for consult re COPD. hx of SOB cough and minimal sputum. currently has dyspnea had abnormal PFT suggests severe COPD xray done in May shows hyperinflation w/o any acute cardiopulmonary abnormalities; A Chest/Thorax CT is being ordered; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking; The patient has a 30 pack per year history of smoking; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Ipost treatment evaluation for stage 4 rectal canfo Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW UP DONE 11-1/2018 ;; "There is NO evidence of a lung, mediastinal or chest mass noted	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	POST TREATMENT EVALUATION FOR LUNG CA. TO SEE IF TREATMENT SHOULD BE CHANGED OR CONTINUED; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Return for imaging: Schedule CT CAP and bone scan on 8/8/19 @ CCC for evaluation of disease and	1
		71250 Computed tomography, thorax; without contrast	The CTs are being ordered for restaging during ongoing treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1
Unknown	Approval	material	Oncology	

			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	_
		713E0 Computed tomography thorass without contract	weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is	1
Unknown	Approval	71250 Computed tomography, thorax; without contrast material	being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	
Ulikilowii	Approval	illaterial	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This	
		71250 Computed tomography, thorax; without contrast	study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic	2
Unknown	Approval	material	CT	2
Olikilowii	Арргочи	material	C	
			There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was	
		71250 Computed tomography, thorax; without contrast	prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected	2
Unknown	Approval	material	inflammatory disease or pneumonia; Yes this is a request for a Diagnostic CT	
O I I I I I I I I I I I I I I I I I I I	лрыста	71275 Computed tomographic angiography, chest	and an additional of the state of predictional of the state of the sta	
		(noncoronary), with contrast material(s), including noncontrast	dyspnea; This study is not requested to evaluate suspected pulmonary embolus.; This study will be	1
Unknown	Approval	images, if performed, and image postprocessing	performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	_
		71275 Computed tomographic angiography, chest		
		(noncoronary), with contrast material(s), including noncontrast	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest	4
Unknown	Approval	images, if performed, and image postprocessing	CT Angiography.	
		72125 Computed tomography, cervical spine; without contrast	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no	
Unknown	Approval	material	reason why the patient cannot have a Cervical Spine MRI.	1
			The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a	
			request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected	1
		72125 Computed tomography, cervical spine; without contrast	degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The	
Unknown	Approval	material	patient is experiencing or presenting symptoms of Abnormal gait.	
			This is a request for a lumbar spine CT.; The patient does not have a history of severe low back	
		72131 Computed tomography, lumbar spine; without contrast	trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a	2
Unknown	Approval	material	request for a Diagnostic CT	
			This is a request for a lumbar spine CT.; The patient does not have a history of severe low back	
			trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is	1
		72131 Computed tomography, lumbar spine; without contrast	not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for	
Unknown	Approval	material	six weeks or more.; Yes this is a request for a Diagnostic CT	
		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	
Unknown	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something	4
Unknown	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	4
Unknown	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any	1
Unknown	Approval	material	lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; it is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No	
Unknown	Approval		lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal	lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	
Unknown	Approval Approval		lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	
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		72141 Magnetic resonance (eg, proton) imaging, spinal canal	lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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 Diagnosis;;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and	
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		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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 Diagnosis; Essential Tremor; Neck pain; Spells of altered consciousness; Summary; Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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 Diagnosis:;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary:;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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	1
		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Lumbar injury.; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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 Diagnosis; Essential Tremor; Neck pain; Spells of altered consciousness; Summary; Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is	1
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Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Diagnosis:;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary:;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain.He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Diagnosis;;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain. He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical spine	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Diagnosis;;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain.He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; It is not known if there has been any treatment or conservative therapy;; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Diagnosis:;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary:;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain.He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical 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 some weakness to the right side compared to the	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Diagnosis:;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary:;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain. He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is slightly decreased on the right compared to the left as well. Cervical spine	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 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;; 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 Diagnosis;;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain. He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is slightly decreased on the right compared to the left as well. Cervical spine degenerative joint disease with weakness and radiculopathy, right arm.; The patient does not have	1
Unknown	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 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.; 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 Diagnosis:;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain.He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is slightly decreased on the right compared to the left as well. Cervical spine degenerative joint disease with weakness and radiculopathy, right arm; The patient does not have new signs or symptoms; There is weakness, There is some weakness to the right side compared to the left.	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 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;; 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 Diagnosis;;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain. He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is slightly decreased on the right compared to the left as well. Cervical spine degenerative joint disease with weakness and radiculopathy, right arm.; The patient does not have	1
Unknown	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 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;; 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 Diagnosis; Essential Tremor; Neck pain; Spells of altered consciousness; Summary; Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain. He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is slightly decreased on the right compared to the left as well. Cervical spine degenerative joint disease with weakness and radiculopathy, right arm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 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.; 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 Diagnosis;;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain. He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is slightly decreased on the right compared to the left as well. Cervical spine degenerative joint disease with weakness and radiculopathy, right arm.; The patient does not have new signs or symptoms; There is weakness. There is some weakness to the right side compared to the left some degenerative joint disease with weak	1
Unknown	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Iumbar injury;; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; 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 Diagnosis;;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain.He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is sweakness, in there is some weakness to the right side compared to the left. Grip strength is slightly decreased on the right compared to the left as well. Cervical spine degenerative joint disease with weakness and radiculopathy, right arm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence	1
Unknown	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Iumbar injury;; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; it is not known if there has been any treatment or conservative therapy; Describe parmary 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 Diagnosis; Essential Tremor; Neck pain; Spells of altered consciousness; Summary; Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; This is a request for cervical spine MRI; Neurological deficities; The patient does have new or changing neurologic 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. Document exam findings: He comes in today complaining of right arm pain.He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is si; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is sil, it his is a request for cervical spine degenerative joint disease with weakness and radiculopathy, right arm.; The patient does not have new signs or symptoms; There is weakness; There is not x-ray evidence of a recent cervical spine fracture. See attache	1
Unknown	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 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;; 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 Diagnosis;;Essential Tremor;Neck pain;Spells of altered consciousness;;Summary;;Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; 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. Document exam findings: He comes in today complaining of right arm pain. He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is sl; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is slightly decreased on the right compared to the left as well.Cervical spine degenerative joint disease with weakness and radiculopathy, right arm;. The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. See attached clinicals; T	1
Unknown	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Iumbar injury;; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;; it is not known if there has been any treatment or conservative therapy; Describe parmary 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 Diagnosis; Essential Tremor; Neck pain; Spells of altered consciousness; Summary; Thomas Cain is an 82RHM with a history of anxiety and ET managed with primidone, who presents for evaluation and management of facial twitching and tremor of the RUE mos; This is a request for cervical spine MRI; Neurological deficities; The patient does have new or changing neurologic 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. Document exam findings: He comes in today complaining of right arm pain.He has some tingling in his hands occasionally. He has got pain and down toward the scapula as well. There is some weakness to the right side compared to the left. Grip strength is si; This is a request for cervical 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 some weakness to the right side compared to the left. Grip strength is sil, it his is a request for cervical spine degenerative joint disease with weakness and radiculopathy, right arm.; The patient does not have new signs or symptoms; There is weakness; There is not x-ray evidence of a recent cervical spine fracture. See attache	1

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	3
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	noted compression fractures in T11-12 diagnosed on 06/19/19 - needs further evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient has failed conservative therapy. She has participated in PT and home exercises prescribed by her PCP without improvement. Today the patient called stating worsening symptoms. She is now having difficulty walking and numbness in the BLE. We wil; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	As their more recent onset of radicular leg pain and weakness represents an abrupt change in neurologic status, likely representative of acute radiculopathy with clinical concern for intervertebral disc herniation, I will defer referral for conservative m; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; L5 Motor Strength on the Left: hip abduction gluteus medius 4/5, great toe extension extensor hallucis longus 4/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 3/5.; The patient does not have enew signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Assessment/Plan: Patient is a 55 yo female who presented to the clinic with low back pain which has been going on for 5 yrs now but has gotten worse in the past year. Its lower down in sacrum and hurts when she sits on it. She cannot sit for too long due; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Clinically has Lower lumbar facet arthropathy / strain/ Si joint arthralgia. Will consider Bilateral SI joint injections; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Have been treating her left hip but getting worse.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness down left leg, from hip to foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MUSCULOSKELETAL: Positive for arthralgias, (L ankle; xray WNL, Ortho appt pnd) back pain (chronic; neck/back/sciatica; Pain persists after course of chiropractic treatments w/ Dr Richardson and PT.) and bilateral foot pain. Negative for joint stiffne; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt has had back pain for over a year, treated with conservative therapy to include nsaids, pain medication and Esi. She is being referred to neurousugery but needs an updated MRI before they will schedule an appointment; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	SINCE THERAPY INTENSE STRETCHING CHANGED THE CHARACTERIZAITON OF BACK PAIN WITH LEFT SIDED RADICULOPATHY. WILL EVALUATE MRI FOR POSSIBLE INJECTIONS OR SURGERY; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 an Epidural.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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
Olikilowii	Approvai	and contents, lumbar, without contrast material	рнузса спетару:	
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	2
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have 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
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	2
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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?	21
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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The patient been not been seen by or is not the ordering physician an oncologist, neurosurgeon, or orthopedist.	1
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3

Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1
Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Yes, the last Lumbar spine MRI was performed within the past two weeks.; The patient does have new or changing neurologic signs or symptoms.; Surgery is scheduled within the next 4 weeks.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal	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
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; 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
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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	X-rays of his lumbar spine show some degenerative changes as well as some at L4-5 grade 1 spondylolisthesis. Patient has right buttock pain that radiates down back of leg into his foot; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks; The patient has not seen the doctor more then once for these symptoms.	1
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
Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomylitis or tail bone pain or injury.	1
Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is not planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
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
Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for slipped femoral capital epiphysis.	1
Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2
Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or 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
	Approval	Approval and contents, lumbar; without contrast material 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73220 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without contrast material(s)	Approval and contents, lumbar without contrast material Will wan not performed as better the post to weeks, Surgery as checked within the next & weeks, 1987 the folder repeated properties of the post of the surgery as checked within the next of the surgery as checked within the next was contrast material will be contents, lumbar without contrast material and contents, lumbar without contrast material and contents, lumbar without contrast material and contents, lumbar without contrast material before the post of the post of the post of the surgery as contrast, lumbar without contrast material and contents, lumbar without contrast material before the post of the

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	a chief complaint of Shoulder Pain, involving the right shoulder. This occurred in the context of slipping and falling on 07/05/2019. She has been seen and evaluated previously by Emergency Room (Baptist Er) and has been treated with sling; 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
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Chronic shoulder pain over last two months - Recent CT shows degenerative change at humeral footprint - limited detail to define RCT injury - MRI arthrogram requested for detailed evaluation. ;Severe pain, crepitus and decreased ROM noted on exam. Predni; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks; The patient received oral analgesics.	1
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	NEW R SHOULDER, has had 4 previous sx, injury a month ago falling off the couch, pain 7/10; 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
		73221 Magnetic resonance (eg, proton) imaging, any joint of	Presents today with complaint of right shoulder pain due to fall on 7/16/19. She was mopping her ceramic tile floor and was barefoot. She slipped and fell. She did not hit her head and no LOC. Had immediate right shoulder pain. Seen at a walk in clin; 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	1
Unknown	Approval Approval	upper extremity; without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. Pt state he is in a lot of pain and has been dealing with his for over 2 years.Right shoulder is lower that left shoulder. Right upper extremity with 4/5 strength. Right shoulder with positive empty can test findings. Positive TTP of anterior Glenoheumer; 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
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 arthrscopy 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 evalutation of wrist pain.	1
		73221 Magnetic resonance (eg, proton) imaging, any joint of	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.;	2
Unknown	Approval Approval	upper extremity; without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The patient recevied joint injection(s). The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or 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
Unknown	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	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	6
Unknown	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; It is unknown if surgery is planned.	1
Unknown	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	1
Unknown	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; Surgery is NOT being planned. This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being	1
Unknown	Approval	extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Nonacute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor	1
Unknown	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	or mass from a previous exam, plain film, ultrasound, or previous CT or MRI." This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a	1
Unknown	Approval	followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	suspicion of an infection.; The patient is taking antibiotics. This is a request for an Ankle MRI.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The	1
Unknown	Approval	followed by contrast material(s) and further sequences 73721 Magnetic resonance (eg, proton) imaging, any joint of	study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. 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	1
Unknown	Approval Approval	lower extremity; without contrast material 74150 Computed tomography, abdomen; without contrast material	were abnormal; The hip pain is due to a mass.; The request is for hip pain. elevated lifts ultrasound unremarkable mrcp shows short segment stricture at proximal CBD.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	The clinical reasons for this study is to rule out cancer.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; .05/01/2019; There has been treatment or conservative therapy; Patient is experiencing rapid weight loss, lack of appetite, vertigo, lack of sleep, patient is extremely fatigue, and he also has hypertension. Patient also has spells were he can barely lift objects and he is having sweating episodes in cool air.; Patient was started on medication therapy for Hypertension. Patient is also been evaluated by Gastroenterologist and Endocrinologist for elevated levels.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	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
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	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
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or sused infection such as pancreatitis, etc; 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
		74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if		1
Unknown	Approval	performed, and image postprocessing 74176 Computed tomography, abdomen and pelvis; without	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Unknown	Approval	contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being 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	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	a Diagnostic CT ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	BREAST CANCER RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Ipost treatment evaluation for stage 4 rectal canfo Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	left flank pain, fever, suspect kidney stone.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient complaining of abdominal pain, cramping and vomiting with a known crohns disease. Had a small bowel follow through performed on 8/5 that recommended CT Enterograpy.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has a history of colon cancer; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has had negative ultrasounds and endoscopy and is needing CT to rule out the abdominal pain.; This is is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient has known Bladder cancer. CT is needed to monitor tumor growth. Also has Calculus of gallbladder without cholecystitis without obstruction; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient is in alot of pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient reported gross hematuria kub noted renal mass possible kidney sotnes patient is aggressive smoker; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient with known crohns disease.;Had CT on 6/10/19 that showed thickened and inflamed ileocecal junction with possible cecal diverticulitis or oleocecal neoplasm. F/u recommended to exclude cecal carcinoma. Also showed 2.5cm left adrenal lesion may rep; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	POST TREATMENT EVALUATION FOR LUNG CA. TO SEE IF TREATMENT SHOULD BE CHANGED OR CONTINUED; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt presents to dr office with back pain, pt states was told she has kidney stone,; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	recurrent PARTIAL BOWEL OBSTRUCTION, SEVERE ABD PAIN FOUND TO HAVE OBSTRUCTING MASS AT CECUM. LAPAROSCOPIC EVAL FOUND DISSEMINATED ABD CARCINOMATOSIS AND SMALL BOWEL OBSTRUCTION SECONDARY TO MALIGNANCY; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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
Onkilowii	уфріота	74176 Computed tomography, abdomen and pelvis; without	RESTAGING LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
Unknown	Approval	contrast material	MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Return for imaging: Schedule CT CAP and bone scan on 8/8/19 @ CCC for evaluation of disease and response to therapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	SHE HAS A HISTORY OF PANCREATIC CANCER, BREAST CANCER; This is a request for an abdomen- pelvis CT combination.; It is not known if a urinalysis has been completed; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The CTs are being ordered for restaging during ongoing treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	2
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is a Gleason Score (sum) 7 or greater.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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 perfomred 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination; This study is being requested 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
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	WILL FAX RECORDS—;ABNORMAL ULTRASOUND GALLBLADDER WITH RECOMMENDATION OF CT TO FURTHER ACCESS LIVER LESION; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this compliant.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	3
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	To rule appendicitis, right lower abdominal pain with tenderness; 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 appendicitis.; A white blood cell count was completed.; The white blood cell count was normal.	1
Unknown	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	1
Unknown	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1

Unknown	Approval Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	83 yr old male with cad s/p cabg, ptca stent. Last intervention 3/18 Patent LIMA graft to the LAD. Patent saphenous vein graft to the RCA with mild to moderate in-stent restenosis in the graft. Severe disease in the native PDA branch at the anastomosis; 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 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 member has known or suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This 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
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; 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
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	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Post-operative (Cardiac Surgery, Angioplasty or stent) Evaluation; It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1
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 to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is	1
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 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
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; 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
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; 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 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
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being 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 for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1

Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient 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
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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
Unknown	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.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
Unknown	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 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1
Unknown	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 another reason; The reason for ordering this study is unknown.	1
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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
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 Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	3
Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac 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
		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.; There are clinical symptoms	1
Unknown	Approval Approval	echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	supporting a suspicion of structural heart disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	3
Unknown	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 Valves.; The patient has suspected prolapsed mitral valve.	1
Unknown	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 Valves.; This is an evaluation of new or changing symptoms of valve disease.	1

		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		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	3
Unknown	Approval	performed, complete, without spectral or color Doppler		valves.	
		93307 Echocardiography, transthoracic, real-time with image		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	
		documentation (2D), includes M-mode recording, when		study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected	3
Unknown	Approval	performed, complete, without spectral or color Doppler		valve disease.	
		93307 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
		performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since	1
Unknown	Approval	echocardiography		the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	
		93307 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	4
Unknown	Approval	performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	
		93307 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	2
		performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a	2
Unknown	Approval	echocardiography		history of a recent heart attack or hypertensive heart disease.	
		93307 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	4
		performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of	•
Unknown	Approval	echocardiography		hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	
		93307 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This	1
Unknown	Approval	performed, complete, without spectral or color Doppler		study is being ordered for Evaluation of Pulmonary Hypertension.	
				BLOOD CLOT, SEE ANY BLOOD CLOTS; This a request for an echocardiogram.; This is a request for a	
		93312 Echocardiography, transesophageal, real-time with image		Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of	
		documentation (2D) (with or without M-mode recording);		mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation	1
		including probe placement, image acquisition, interpretation		procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years	
Unknown	Approval	and report		of age or older.	
		93350 Echocardiography, transthoracic, real-time with image			
		documentation (2D), includes M-mode recording, when		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including	6
		performed, during rest and cardiovascular stress test using		Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac	_
Unknown	Approval	treadmill, bicycle exercise and/or pharmacologically induced		Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	
Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Enter answer here - or Type In Unknown If No Info Given. This study is 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
				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.;	1
				This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of	1
				smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are	
Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	
				This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose	
				CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.;	
				This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of	3
				smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are	
Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years	
Unknown	Approval	GOZZI LOW DOSE CI SCAN FOR LUNG CANCER SCREENING		ago. This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has	
		S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that	2
Unknown	Approval	(MRCP)		precludes ERCP.	-
	. ipprovai			; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a	
		70450 Computed tomography, head or brain; without contrast		headache.; This study is being ordered for new onset of seizures or newly identified change in	1
Unknown	Disapproval	material	Radiology Services Denied Not Medically Necessary	seizure activity or pattern.	-
				,,	
				Pain is on the left side and radiates to her left eye and cause dizziness. Patient verbalizes the pain as	
		70450 Computed tomography, head or brain; without contrast		a 10/10.; This is a request for a brain/head CT.; The study is being requested for evaluation of a	1
Unknown	Disapproval	material	Radiology Services Denied Not Medically Necessary	headache.; The headache is described as chronic or recurring.	
				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	
		70450 Computed tomography, head or brain; without contrast		symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a	1
Unknown	Disapproval	material	Radiology Services Denied Not Medically Necessary	previous stroke or aneurysm.	

Unknown	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
		70486 Computed tomography, maxillofacial area; without	, in the second	; 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	1
Unknown	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	
Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
		70540 Magnetic resonance (eg, proton) imaging, orbit, face,		Unknown; This study is being ordered for trauma or injury.; 09/24/2019; It is not known if there has been any treatment or conservative therapy.; Dizziness associated with 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,	1
Unknown	Disapproval	and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Surgical Oncology or Radiation Oncology	
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; Radiology Services Denied Not Medically Necessary	complains of worsening dizziness, sometimes she will wake up with dizziness, sometimes she will wake up with dizziness and has been also having coinciding headaches.;History of dizzy spells for approx 15 years, states she gets an aura like feeling and ca; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	g Radiology Services Denied Not Medically Necessary	Constant headaches for 9-10 months everyday. Sudden onset. Headaches are ongoing. Blurry vision in the left eye.; This request is for a Brain MRI; The study is being requested for evaluation of a headache; The patient has a chronic or recurring headache.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		headache with dizziness. memory changes - medications with minimal relief; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3 Radiology Services Denied Not Medically Necessary	PT WAS UNABLE TO GET RELIEF AND WAS REFERRED TO THIS DR. FOR PAIN MGMT. ;PT HAS AN 8 YR HX OF LOW BACK PAIN, BIL LEG PAIN AND NECK PAIN WITH LEFT GREATER THAN RIGHT ARM PAIN. HAS TRIED ICE, STEROID INJECTIONS AND RFA THAT DID NOT HELP, HAS TAKEN BUTALBIT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		pts mother developed alzheimers in her 60s.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3 Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 09/24/2019; It is not known if there has been any treatment or conservative therapy.; Dizziness associated with 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
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	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	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Has been seen in ER and in clinic for same. Diagnosed with costochondritis. Placed on NSAIDs and steroid pack. Last seen three days ago. Reports he coughed this morning and his chest wall feels worse. No shortness of breath.; A Chest/Thorax CT is being ordered.; The study is being ordered for non of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had a CT Abd/Pelvis done by her Urologist that showed a lung Nodule. The CT Thorax is needed to evaluate this new finding.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
		71250 Computed tomography, thorax; without contrast		patient has lost over 40 pounds in a month and is a known smoker. R/O 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	1
Unknown	Disapproval	material	Radiology Services Denied Not Medically Necessary	a Diagnostic CT	

Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PFTS show obstruction and gas trapping with low DLCO. DLCO remains low even when corrected for anemia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/21/2019; There has been treatment or conservative therapy.; ; An inhaler regimen; Smoking abstinence; One of the studies being ordered is NOTa Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology pt had ct scan of abd and pelvis 6-2019, which showed a 6.5mm nodularities.; "There IS evidence of	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS COPD, CHRONIC COUGH AND IS 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	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt presented to er w/ cp has abnormal cxr. cxr shows density change; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Scattered coarse opacities in both lungs may reflect chronic; parenchymal disease although in the acute setting interstitial; infiltrate or pulmonary edema is considered Positive for cough, shortness of breath and wheezing. Negative for hemoptysis, sputum; 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 sillcosis; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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	1
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/30/2019; 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
		72125 Computed tomography, cervical spine; without contrast		; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not	1
Unknown	Disapproval	material 72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	know if there is a reason why the patient cannot have a Cervical Spine MRI. 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
Unknown	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This 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

				; 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	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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.	
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness & numbness on exam in left arm and hand, extreme pain in the scapular area, patient has tried NSAIDS and 6 weeks of PT with no relief; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	49RHF with multiple medical comorbidities who presents for evaluation and management of chronic progressive neck pain with some radiation into the left shoulder; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; bone/joint symptoms, Muscle weakness 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
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	FURTHER COURSE OF TX DETERMINATION; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; CERVICAL AND LOW BACK PAIN AXIAL MILD / MODERATE DEGENERATIVE DISK DISEASEINFLAMMATION; PAIN MGMT - MEDSINJECTIONS IN BACKREHAB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient has past medical history significant for HTN, DM, tobacco use and recurrent episodes of neurological deficits. These episodes are atypical of vascular events. PDue to referred pain. During her last hospitalization, there was clinical concern for; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was in a MVA on 4/25/19. Xrays were done at that time and no fractures or dislocations were seen at that time. Patient has been going to physical therapy since then and continues to have worsening pain with numbness in arms and legs. Pain is wors; This study is being ordered for trauma or injury; 4/25/19; There has been treatment or conservative therapy; Patient continues to have worsening pain with numbness in arms and legs. Pain is worse during twisting of heavy lifting. Needing an MRI for referral to spine specialist; Patient has been going to physical therapy since April 2019 and continues to have worsening pain with numbness in arms and legs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT WAS UNABLE TO GET RELIEF AND WAS REFERRED TO THIS DR. FOR PAIN MGMT.; PT HAS AN 8 YR HX OF LOW BACK PAIN, BIL LEG PAIN AND NECK PAIN WITH LEFT GREATER THAN RIGHT ARM PAIN. HAS TRIED ICE, STEROID INJECTIONS AND REA THAT DID NOT HELP, HAS TAKEN BUTALBIT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt with ongoing Cervical Radicular pain - PT and NSAIDS have not helped with pain. Pt experiencing numbness, weakness and tingling in arms.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Range of motion is restricted with flexion limited to 40 degrees due to pain and extension limited to 20 degrees due to pain. ¡Facet loading test (positive) B/L; (positive) tenderness to palpation over cervical paraspinal area; Left Shoulder: + Hawkins,; 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.; Biceps: 2/4 bilateral; Triceps: 2/4 bilateral; Patella tendon: 2/4 bilateral; Achilles tendon: 2/4 bilateral	1
Unknown	Disapproval	and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Dilateral	

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	See attached clinicals.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Diagnosis:;Bulbar weakness;Dysarthria;;Summary:;Shelly Powell is a 53previously healthy RHF who presents with several months of progressive bulbar weakness. Ddx includes bulbar onset ALS. Myasthenia gravis is less likely due to lack of fluctuating or; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	See attached 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 weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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
Unknown	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.; Right should, elbow, and wrist weakness and pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medication, physical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Positive for arthralgias and back pain.; Skin: Negative. ;Neurological: Positive for weakness. Musculoskeletal: He exhibits tenderness. He exhibits no edema,; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	chronic thoracic and lumbar pain despite months of conservative therapy. Patient is now experianceing numbness in legs and feet; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 2018; There has been treatment or conservative therapy.; Chronic thoracic and lumbar back pain; Anti-inflammatory medications, Physical therapy, One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was in a MVA on 4/25/19. Xrays were done at that time and no fractures or dislocations were seen at that time. Patient has been going to physical therapy since then and continues to have worsening pain with numbness in arms and legs. Pain is wors; This study is being ordered for trauma or injury; 4/25/19; There has been treatment or conservative therapy; Patient continues to have worsening pain with numbness in arms and legs. Pain is worse during twisting of heavy lifting. Needing an MRI for referral to spine specialist; Patient has been going to physical therapy since April 2019 and continues to have worsening pain with numbness in arms and legs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
		72146 Magnetic resonance (eg, proton) imaging, spinal canal		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	1
Unknown	Disapproval	and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	therapy?	

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.; left leg—numness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
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.; 2016; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medication, physical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; 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.; at home exercises	1
Disannroval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents. Jumbar 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.; there is radiation pain to the paraspinal. has nighttime awakening, has popping, stiffness tenderness and weakness.;Decreased mobility, joint pain, stiffness, tenderness, popping and weakness. right hip internal rotation 10 degrees, maximum tenderness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	An MRI of the lumbar spine Severe low back pain that radiates down the left thigh and leg causing numbness to the heal. X-ray, PT for 6weeks, and gabapentin failure; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Not oriented to time, place, and person.;Neurological system: abnormal.;A motor exam demonstrated dysfunction.;Gait and stance were abnormal.;The reflexes were normal.;A peripheral neuropathy was noted.; 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
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 with pain in legs; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is 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
Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, without contrast material	Radiology Services Denied Not Medically Necessary	chronic thoracic and lumbar pain despite months of conservative therapy. Patient is now experianceing numbness in legs and feet; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; January 2018; There has been treatment or conservative therapy.; Chronic thoracic and lumbar back pain; Anti-inflammatory medications, Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
	Disapproval Disapproval Disapproval Disapproval Disapproval	Disapproval 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Disapproval and contents, lumbar; without contrast material Padiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material Padiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material Padiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material Padiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Padiology Services Denied Not Medically Necessary Padiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Padiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Padiology Services Denied Not Medically Necessary	THAN Aquatic resonance log, protest imaging, speal coal obstacles, further; without coatract material and contents, further; without coatract material and contents, further; without coatract material and contents, further; without coatract material and coatract material and contents, further; without coatract material and coatract, further; without coatract material and coatract material and coatract, further; without coatrac

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	complains of constant, progressive pain in the low back. Initially he also had pain in the BLE, but now mostly in the left; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CT Shows Mild levoscoliotic curvature, L5-S1 disc osteophyte formtion with bilateral neural forminal narrowing, left greater than right. Mild generalized bony canal narrowing in the lumbar spine secondary to congenitally short pedicles.;Positive for bac; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; exam findings: positive for weakness in lower extremities; The patient does not have new signs or symptoms of bladder or bowed dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	FURTHER COURSE OF TX DETERMINATION; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; CERVICAL AND LOW BACK PAIN AXIAL MILD / MODERATE DEGENERATIVE DISK DISEASEINFLAMMATION; PAIN MGMT - MEDSINJECTIONS IN BACKREHAB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Hurts on both sides of his back. Pain goes down his left leg posteriorly, to the knee. No MRI in long time. Has had Xrays repeatly. PT doesn't help much. He's a tech at PT.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Hypertension; This is a chronic problem. The current episode started more than 1 year ago. The problem is unchanged. The problem is controlled. Pertinent negatives include no anxiety, blurred vision, chest pain, headaches, orthopnea, palpitations, periph; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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; Daily Stretches that made symptoms worse with bending and twisting. Began 2/26/2019 with mild results.; She has tried muscle relaxant, NSAIDs and heat for the symptoms. The treatment provided mild relief.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	low back pain with numbness need mri for review; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	neck, back, leg pain. Lumbar pain, x-rays shows degeneration; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	noted compression fractures in T11-12 diagnosed on 06/19/19 - needs further evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has failed NSAIDs and muscle relaxant she has also had physical therapy in the past her;x-rays have been performed she continues to have radicular symptoms into her right lower extremity with certain positional poses. Especially long car rides. P; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has some decreased strength also in her right lower extremity after these prolonged rides; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had 2 prior surgeries and continues to have low back pain that radiates over the right lower extremity from the buttock and down into the thigh.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or synthems.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient continues to have low back pain with weakness and instability	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has increasing low back pain radiating to left hip since a MVA about 2 months ago. Patient has been prescribed Rx anti-inflamatory drugs and has been seeing a chriopractor to help with symptoms, however there has been no improvement.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presented to our clinic because of Axial dull aching Low back pain radiating to bilateral LE. Hx suggestive of Lumbar radiculopathy, Lumbar facet arthropathy, myofascial syndrome, DDD and bilateral SIJ arthropathy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was in a MVA on 4/25/19. Xrays were done at that time and no fractures or dislocations were seen at that time. Patient has been going to physical therapy since then and continues to have worsening pain with numbness in arms and legs. Pain is wors; This study is being ordered for trauma or injury; 4/25/19; There has been treatment or conservative therapy; Patient continues to have worsening pain with numbness in arms and legs. Pain is worse during twisting of heavy lifting. Needing an MRI for referral to spine specialist; Patient has been going to physical therapy since April 2019 and continues to have worsening pain with numbness in arms and legs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Per X ray of the lumbar spine show an L4-5 spondylolisthesis, grade 1-2 with significant degenerative disc disease at L5-S1; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT WAS UNABLE TO GET RELIEF AND WAS REFERRED TO THIS DR. FOR PAIN MGMT.; PT HAS AN 8 YR HX OF LOW BACK PAIN, BIL LEG PAIN AND NECK PAIN WITH LEFT GREATER THAN RIGHT ARM PAIN. HAS TRIED ICE, STEROID INJECTIONS AND RFA THAT DID NOT HELP, HAS TAKEN BUTALBIT, One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt's 1st office visit was 05/20/2019 - has been on muscle relaxers, steroids and analgesics since with worsening symptoms;;Physical therapy not making pain better; The study requested is a Lumbar Spine MRI;; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; pt started physical therapy in July but it is making the pain worse. Physical therapy has given home stretches and strengthening exercises. ;Tranadol 50mg Tablet 1/2 to 1 tab po q 12 hrs only if needed for severe pain #20;(Cyclobenzaprine HCI) 10mg T	1

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	We will get updated lumbar MRI with / without contrast to evaluate new and progressive symptoms including dysesthesias. Pt also has low back pain, radiating into the 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	xray shows straightened lumbar lordosis favored to be positional. No displaced fracture of significant degenerative change. Small high density focus seen just above the right L3 transverse process.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1
		73221 Magnetic resonance (eg, proton) imaging, any joint of		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.; Pt did one month of HEP and took pain medication.; The	1
Unknown	Disapproval	upper extremity; without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	patient recevied medication other than joint injections(s) or oral analgesics.; PAIN MEDICATIONS Unknown; 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	1
Unknown	Disapproval Disapproval	upper extremity; without contrast material(s) 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	suspicion of tendon, ligament, rotator cuff injury or labral tear. abnormal xray; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Unknown	Disapproval	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.; 06/14/19; There has been treatment or conservative therapy.; coughing, inspiratory wheeze, green phlegm, nausea, headache, decrease in appetite; Antibiotics and Xray of chest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed and image postprocessing	l, Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
		74176 Computed tomography, abdomen and pelvis; without		; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.;	1
Unknown	Disapproval	contrast material	Radiology Services Denied Not Medically Necessary	Yes this is a request for a Diagnostic CT	

				; This is a request for an abdomen-pelvis CT combination.; This study is being requested for	
Unknown	Dicapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	L sided low abdominal pain for 4 yrs, local, occurring erratically, worse with defecation, cycling constipation and diarrhea, lower back pain particularly with constipation, pain in vagina, has the impression she needs to push; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS BEEN EXPERIENCING ABDOMINAL PAIN AND DIARRHEA. PATIENT WAS SEEN IN CLINIC AND GIVEN MEDICATION. HER SYMPTOMS HAVE NOT RESOLVED AND WE ARE CONCERNED FOR AN INFLAMMATORY OR INFECTIOUS PROCESS.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has right lower quadrant abdominal pain and tenderness with diarrhea lasting more than one week; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1
Unknown	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.; 6/30/2019; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain, shortness of breath, elevated blood pressure; 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.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This 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 None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler		PFTS show obstruction and gas trapping with low DLCO. DLCO remains low even when corrected for anemia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 06/21/2019; There has been treatment or conservative therapy;; An inhaler regimen; Smoking abstinence; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	1
Unknown	Disapproval	echocardiography	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	

		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		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	1
Unknown	Disapproval	performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	congenital heart disease.	1
				; 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 81 years old or older.; 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	1
Unknown	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	years of age do not meet the criteria for lung cancer screening. CT CHEST WO CONTRAST (LOW DOSE LUNG SCREEN); This request is for a Low Dose CT for Lung	
Unknown	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	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
Harlan.		71250 Computed tomography, thorax; without contrast		; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered; This study is being ordered for work-up	1
Urology	Approval	material		for suspicious mass.; Yes this is a request for a Diagnostic CT	
Urology	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
Urology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	2
Urology	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	1
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		RECURRENT UTI; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	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 has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		ELEVATED PSA 5.87; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Elevated PSA level.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Elevated PSA:;;08.30.18 3.95;10.31.18 4.33;12.13.18 12.0;7.17.19 3.56;;12.03.18 Pros Bx: benign;;12.03.18 Confirm MDx: positive, 31%; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Elevated PSA:;7.99 (8-8-19);6.49 (10-30-18);5.0 (10/19/17);3.9 (07/27/16);5.6 (05/18/16);Pt had a negative bx 4-5 years ago.; This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		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
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Patient had gold seed placement for radiation to treat his prostate cancer. MRI of pelvis is required to see the placement of the seeds/markers for accurate placement of radiation beams.; 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
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Patient has had a previous PET and CT that does not give a clear picture. Upon exam and abnormal mass, lump, and swelling was felt.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	pt has prostate cancer diagnosed in 2018 and has not had any imaging done so an MRI of pelvis is needed for 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
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	pt newly diagnosed with prostate ca on 8/6/19 with gleason score of 8 and psa level of 13.9. needs mri pelvis for initial staging purposes; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Rising PSA: last PSA was 37.5 (1/30/19), previously was 2.1 (6/6/17); This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material	1. Renal mass -;;N28.89: Other specified disorders of kidney and ureter;URINALYSIS MICROSCOPIC PANEL, AUTOMATED;;2. Clear cell carcinoma of kidney - Right -;Right pT1a Grade 1 RCC s/p RPNx 10/31/18, negative margins;;Pathology discussed;;Referra; 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; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1

Urology	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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4.2cm heterogeneous enhancing mass in the superior pole of the left kidney consistent with renal cell carcinoma.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	GROSS HEMATURIA; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not 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	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	History of Pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	HPI: Pt returns for follow up for a renal stone in the left side of a horseshoe kidney. He last had treatment for stones in August last year with a PCNL by Dr. Terrell. He states that he is doing fair today. He dig go to the ER at BHFS one week ago for sey. This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Mr. Lytle returns s/p left HALN for RCC on 01/02/18 for a 3.7 cm Fuhrman grade 3 papillary RCC, pT1a Nx M0 He has done well since surgery. No new concerns. No incision problems. No voiding concerns. His UA today showed 2-5 WBC's.RTC 5 months for CB; This is a request for an abdomenpelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is not requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Newly diagnosed prostate cancer per biopsy. Initial staging CT; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study,; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Newly diagnosed Renal Mass; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	none; This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pain in her back constant dull ache and increased pain. pain is aggravated by laying down and relieved with nothing. XR and ultrasound show kidney stone; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient was diagnosed with malignant neoplasm of the prostate on 7/2 with a Gleason score of 10 on every sample that was submitted. We are trying to rule out if it has metastasised outside of the prostate.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis; This study is not being requested for abdominal and/or pelvic pain.; The study is not necessed for harve an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	post cystoscopy, retrograde pyelogram, and left resonance ureteral stent placement on 9/5/18. Was found to have an infiltrative mass near left common iliac with compression of left ureter; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has a Renal cyst; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RECURRENT UTI; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Renal cell cancer, treated, asymptomatic, no known mets, follow up; This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is not requested as a first follow up study for a suspected or known post-op complication.; This study is not pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	renal mass, renal lesion; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Renal ultrasound performed 6/25/19 show a complex mass in the left kidney that has grown in size. There is what appears to be a seperate coplex cystic process of the lower pole left kidney with added hydronephrosis. Evaluation by CT with and without co; This is a request for an abdomenpelvis CT combination; The reason for the study is suspicious mass or suspected tumor or metastasis; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	reports worsening pain in right testicle, worsened with activity. Possible inguinal hernia/lipoma; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the 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	27
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calcull, 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

			This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to 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	27
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	3
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is a Gleason Score (sum) 7 or greater.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was perfomred more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; 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
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	2
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	2

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unknown.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		unkown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Will fax.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		MULTIPLE CYST FOUND THROUGHOUT KIDNEYS AND LIVER CONFIRMED ON CT. DR RECOMMENDS ABD MRI W/WO; This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This 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
Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	suspected testcular lymphoma on US; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material		PATENT URACHUS - INCIDENTAL FINDING ON CT.NEED TO SEE HOW FAR IT EXTENDS FROM BLADDER TO UMBILIUS PRIOR TO SURGERY. TO SEE IF THER EIS A FISCULA; 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
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Elevated PSA:;12.24 (6-26-19);10.51 (6-22-17);7.64 (10-7-16); This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
No.	Disassand	74176 Computed tomography, abdomen and pelvis; without		Enter answer here - or Type In Unknown If No Info Given. This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the	1
Urology	Disapproval	contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Blood in semen; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not 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

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; This is a request for an abdomen-pelvis CT combination.; It is not known if 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.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Only has one kidney, reoccurring UTI's with hematuria; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is experiencing dysuria and urinary tract infections. Lauren Smith, PA-C has ordered a CT Abdomen/Pelvis WO Contrast to further evaluate bladder pain and rule out urinary tract calculi.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is here for fu for kidney stones. The patient been without hematuria, flank pain, or stone passage. History of uric acid stones. Also with BPH. Currently taking alfusozin. He complains of post void dribbling.; CT ABD/ PELVIS FROM 1/2/19 SHOWS SM; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RECURRENT UTI; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	suspected testcular lymphoma on US; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is c/o perineal pain, urinary frequency and hematospermia; This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	THIS PT IS HAVING SCROTOL PAIN, ALSO EPIDIDYMIS, WITH ANTIBIOTIC THERAPY AND PELVIC REST, NO IMPROVEMENT; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Xray shows small L renal opacity 3x2mm. Low back pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT	1
Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Dr. requested this mri abd be repeated, pt has a renal mass 3.6 x 3.4 x 3.5cm exophytic lesion left that needs to be monitored since pt just wants to watch this, prev. report is not available, was done at a diff facility; 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
Urology	Disapproval	78813 Positron emission tomography (PET) imaging; whole bod		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

Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Doppler measurements would suggest a greater than 70% diameter;stenosis on the right and a 50-70% diameter stenosis on the left.; There is moderate atherosclerotic plaquing in the region of the bulb;bilaterally by gray scale ultrasound evaluation. A fo; This study is being ordered for Vascular Disease.; Dennis R McCombs is a pleasant 60 y.o. year-old male who is being seen in the CVT surgery clinic for follow up PVD. Mr. Mccombs has known s/p fem pop graft by Dr. Whiteneck in 2015. He had ABI's on 6/25/19 that show right 0.48, left 1.0. He states he has; There has been treatment or conservative therapy; Doppler measurements would suggest a greater than 70% diameter;stenosis on the right and a 50-70% diameter stenosis on the left.;There is moderate atherosclerotic plaquing in the region of the bulb;bilaterally by gray scale ultrasound evaluation. A fo; Pt reports no new c/o since initial evaluation. He reports pain in his R ankle while performing heel slides "this side has never hurt before." Pt with intermittent short breaks throughout, therapeutic rest breaks between sets. Pt issued updated HEP with 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
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Doppler measurements would suggest a greater than 70% diameter;stenosis on the right and a 50-70% diameter stenosis on the left. ;There is moderate atherosclerotic plaquing in the region of the bulb;bilaterally by gray scale ultrasound evaluation. A fo; This study is being ordered for Vascular Disease; Dennis R McCombs is a pleasant 60 y.o. year-old male who is being seen in the CVT surgery clinic for follow up PVD. Mr. Mccombs has known s/p fem pop graft by Dr. Whiteneck in 2015. He had ABI's on 6/25/19 that show right 0.48, left 1.0. He states he has; There has been treatment or conservative therapy; Doppler measurements would suggest a greater than 70% diameter;stenosis on the right and a 50-70% diameter stenosis on the left. ;There is moderate atherosclerotic plaquing in the region of the bulb;bilaterally by gray scale ultrasound evaluation. A fo; Pt reports no new c/o since initial evaluation. He reports pain in his R ankle while performing heel slides "this side has never hurt before." Pt with intermittent short breaks throughout, therapeutic rest breaks between sets. Pt issued updated HEP with 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
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ramona L Nason is a pleasant 61 y.o. year-old female who is being seen in the CVT surgery clinic for evaluation. Mrs. Nason has known cigarette dependence, carotid stenosis and headaches. She is back today after having carotid Doppler on 8/9/2019 that s; This study is being ordered for Vascular Disease.; 08/09/2019; There has been treatment or conservative therapy; Stress-induced cardiomyopathy - ASA 81mg; 2. Carotid stenosis, left - per CV 70% Left ICA - followed by CV; 3. Cigarette dependence - smoking cessation; 4. Mixed hyperlipidemia - Atorvastatin has been stoppe; 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
Vascular Surgery		70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and	Yes, this is a request for CT Angiography of the Neck.	1
Vascular Surgery Vascular Surgery	Approval	image postprocessing 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
Vascular Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	pre-op planning - endovascular stent graft intervention; This study is being ordered for Vascular Disease.; 12/15/2014; 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
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pre-op planning - endovascular stent graft intervention; This study is being ordered for Vascular Disease.; 12/15/2014; 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

		74174 Computed tomographic angiography, abdomen and			
		pelvis, with contrast material(s), including noncontrast images, if			4
Vascular Surgery	Approval	performed, and image postprocessing 74175 Computed tomographic angiography, abdomen, with		This is a request for CT Angiography of the Abdomen and Pelvis.	
		contrast material(s), including noncontrast images, if performed,			1
Vascular Surgery	Approval	and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	
Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The 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
vasculai Surgery	дриочи	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast			2
Vascular Surgery	Approval	material(s), including noncontrast images, if performed, and		Yes, this is a request for CT Angiography of the abdominal arteries.	
Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	1
Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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) indicative of heart disease.	1
Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		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
Vascular 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	Ramona L Nason is a pleasant 61 y.o. year-old female who is being seen in the CVT surgery clinic for evaluation. Mrs. Nason has known cigarette dependence, carotid stenosis and headaches. She is back today after having carotid Doppler on 8/9/2019 ftats; This study is being ordered for Vascular Disease.; 08/09/2019; There has been treatment or conservative therapy.; Stress-induced cardiomyopathy - ASA 81mg; 2. Carotid stenosis, left - per CV 70% Left ICA - followed by CV;3. Cigarette dependence - smoking cessation; 4. Mixed hyperlipidemia - Atorvastatin has been stoppe; 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
vascana sargery	элээррг очил	71250 Computed tomography, thorax; without contrast		this is a yearly follow up of an ascending aortic aneurysm which measured 4.3x4.5 on 10/15/2018.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is	1
Vascular Surgery	Disapproval	material	Radiology Services Denied Not Medically Necessary	being ordered for non of the above.; Yes this is a request for a Diagnostic CT	
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	Cook 28x19 mm thoracic endograft placement 8/22/19; 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





